In this issue:

- Highlights from the 4th International Consultation on Sexual Medicine (ICSM-15) in Madrid, Spain, June, 2015.
3rd Biennial Meeting
of the Middle East Society for Sexual Medicine

15-17 October 2015
Fairmont Nile City Hotel, Cairo, Egypt

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EDITORIAL

Letter from the President

Dear colleagues and friends,

I would like to thank the MESSM members, the efficient executive office and the Board of Directors for their efforts, time and dedication that helped and supported the society very well.

This issue of the newsletter is, again, an excellent one and contains the most interesting articles. Therefore, I am convinced that you will enjoy reading it and at this point I would like to thank the editorial board of the newsletter. Not only for this issue, but for all of their achievements in the last couple of years.

Following this example, I would encourage everyone to participate in the activities of the society such as the website, newsletter and publication in the JSM as well as to participate in the different committees and meeting activities of the MESSM. Your input is highly valued.

With great pleasure and honor I herewith invite you to attend the 3rd Biennial Meeting of the Middle East Society for Sexual Medicine, organized from 15-17 October in Cairo. We will be thrilled to have you joining us and wish to express our sincere appreciation for your support of this meeting.

On behalf of the Middle East Society for Sexual Medicine, I would like to thank you for your participation. We look forward to welcome you all in the magnificent city of Cairo. We appreciate your interest in this inspiring, and enjoyable meeting and we are convinced that it will be of significant added value to your practice.

Ahmed El-Sakka, MD
President MESSM

promotion of both basic and clinical aspects of sexual medicine. The presentations will demonstrate the latest medical and surgical advances and innovations in the field of sexual medicine. Distinguished speakers will discuss the challenging clinical scenarios and will emphasize the rationale for fostering a greater sense of patient care in this vibrant field. Program attendees will gain the information and skills to approach exploration and treatment of what constitutes ‘best practice’ in the field of sexual medicine. Participants will also have the opportunity to provide feedback and to contribute in discussions throughout all sessions.

We recognize the importance of your expertise, as leaders in the field of sexual medicine, and believe that this is an opportune time to conduct relevant discussion on major advances in the fields. The science and practice of the male and female sexual dysfunction have enjoyed great progress and new innovations over the past few years. In spite of the increased educational activities to the public and to the professionals, sexual disorders remained under-diagnosed and under-treated.

Our Scientific Committee has set up a very vivid program addressing a wide array of male and female sexual disorders from different specialties and prospects and through a multidisciplinary approach. We will be hearing from local and international world-renowned experts recognized for their expertise in
EDITORIAL

Letter from the Editor-in-Chief

In this issue of the MESSM we shed the light on the great efforts provided by the members of the ICSM-15, held in June 2015 in Madrid. Several members of the MESSM were part of this remarkable effort. Some of them shared their experience with us and gave us a glimpse of the work of their committees.

Dr. Gerald Brock, Chairman of the Chairman 4th ICSM, priviliged this newsletter and gave us an overview of the meeting and the most significant achievements of its labour. The final recommendations have not been published yet and therefore we are restricted not to disclose them ahead of publication. However, we are the first to provide some insight about the work that was done and await with great patience the final and complete product in the JSM.

In this issue I specially thank Dr. Elham Atalla for her article which reflected the dedicated work to decipher the vague definitions of sexual dysfunction already in use and the progress based on previous publications. A comparison between the recommended definition and those published in the 3rd Consultation on Sexual medicine held in Paris in 2010, shows that more clear and precise definitions have been reached which will make diagnosis of male and femal sexual dysfunction more accurate.

Dr. Sandrine Atallah, as always, was the first to respond to the editorial request to participate in this newsletter and spared no effort to discuss in depth the deliberations of her committee. Special thanks goes to Mr. Oscar from the executive office of the MESSM for his dedication and patience.

In this issue, we continue to summarize news from the American Urological Association Daily Scope pertaining to sexual dysfunction. Furthermore, we updated the education calendar emphasizing local meetings and international conferences that may interest our members.

I trust that the reader of the September issue of the newsletter will find some exciting and stimulating information about the field of sexual medicine that invite further exploration of the rapidly evolving field.

Raouf Seyam, MD
Editor-in-Chief of MESSM newsletter
All MESSM-Board members, present in Madrid, in front of the ICSM-2015 meeting venue.

From right to left:
Ahmed El-Sakka, Amr Gadalla, Sandrine Atallah, Amr El-Meliegy and Raouf Seyam
Letter from the Chair of the 4th ICSM

It is with great pleasure, that in my role as Chair I report on the outcome and major findings from the 4th International Consultation on Sexual Medicine (ICSM), recently held in Madrid, Spain, June 19-21, 2015.

As many of you know, this twice-a-decade consensus conference allows us to gather, review the current research and clinical trials data related to male and female sexual function and arrive at a consensus of opinion on evolving topics. In past iterations of this event, we have met in Paris, but chose in this first ICSM run entirely by the International Society for Sexual Medicine without the ICUD, to explore other venues.

I am proud to report that many members of the Middle East affiliate played an active and important role in the committees and discussions that were lively, engaging and produced cutting-edge clinical recommendations. This enormous undertaking of the ISSM is just one of the key projects that make our Society so vital to the field. In all more than 250 participants played a role in this conference, divided up among 17 separate committees/subcommittees with topics ranging from ethics, medications, surgical techniques, research, clinical care, clinical trials and basic science as well as many other aspects of male and female sexual function.

While the conference is now completed, representing the conclusion of many months of group collaboration and effort, the final manuscripts which will be published on the ISSM Online University and in the Journal of Sexual Medicine, are currently being reviewed and edited for release in early 2016. This is indeed an exciting time for sexual medicine specialists, with novel shock wave therapy for vascular-induced male erectile dysfunction undergoing extensive testing, a first in class new agent recently approved by the FDA for hypoactive sexual desire disorder in women and active areas of research in stem cell therapy, Peyronie's disease, testosterone safety, efficacy and effects on metabolic syndrome, being just a sample of the many fields explored at the meeting.

As evidence of the dramatic explosion of female sexual dysfunction therapeutics and research, almost 50% of all committee and topics dealt with women's issues, a significant increase over previous meetings.

I would strongly encourage all members of the MESSM to read the upcoming review articles from all of the 17 different committees and subcommittees carefully, as they truly represent the latest and greatest knowledge in our field.

On a personal note, I wish to thank all the members of the committees for their tireless work which has resulted in a wonderful product that will without a doubt improve patient care in sexual medicine worldwide for years to come.

Respectfully submitted,

Gerald Brock MD, FRCSC  
Chair 4th ICSM Madrid Spain

VP Canadian Urological Association  
Professor of Surgery  
Western University, CANADA
Committee 1, Report from 4th ICSM:
Definitions and Epidemiology of Sexual Dysfunction
Elham Atalla

The committee looked at the current definitions for male and female sexual dysfunctions available from professional societies and the World Health Organization. The chapter also covers epidemiology and risk factors for these conditions. The focus of the current summary is on the definitions.

Definitions of Sexual Dysfunctions Recommended by this Consultation
There is a great need to use definitions that refer to similar patient populations. This permits interpretation with some certainty of the findings from different clinical and research sites. The current definitions as examined by the committee are in many situations partial conflicting and overlapping. Facing the task of integrating a contemporary and accurate definition system, the committee has adopted different sources [1-3] and developed some new ones.

The committee agrees that the diagnosis of sexual dysfunction should include whether the condition is lifelong or acquired, has been present for at least three months, leads to individual distress and occurs 75-100% of the time. The duration is shorter for female genital-pelvic pain dysfunction and ED due to radical pelvic surgery.

Definitions of sexual dysfunctions that occur in females
The committee has clearly defined and differentiated female sexual dysfunction. The following definitions were reached. Here we give the titles only for copyright restrictions till the official report is published:
1. Hypoactive sexual desire dysfunction.
2. Female sexual arousal dysfunction.
3. Female orgasmic dysfunction.
4. Female genital-pelvic pain dysfunction.
5. Persistent genital arousal disorder (PGAD).
7. Hypo hedonic orgasm.

Definitions of sexual dysfunctions that occur in men
1. Male hypoactive sexual desire disorder.
2. Erectile dysfunction (ED).
3. Premature ejaculation (PE).
4. Primary delayed ejaculation.
5. Acquired delayed ejaculation.
6. Retrograde ejaculation.
7. Anejaculation.
8. Anhedonic ejaculation.
11. Painful ejaculation/orgasm.

Provisional diagnoses of Restless Genital Syndromes (ReGS)
The committee has provided provisional and tentative definition of this syndrome both in men and women and indicated the need for further research to further understand these syndromes.

Clinical recommendation
The committee recommended that psychiatric/psychological evaluation and treatment should be offered to men and women with sexual dysfunction if available in addition to medical evaluation and treatment. Another important recommendation is to evaluate men with organic erectile dysfunction for occult cardiovascular disease particularly if they are younger than 70.
Research recommendations:
The committee has highlighted areas of research that need further exploration. These recommendations address the need to determine the difference between male and female sexual arousal and desire dysfunctions and the predictors of persistent genital arousal disorder (PGAD), orgasmic dysfunction and post-coital syndromes among women. There is a need to expand knowledge on the incidence and prevalence of sexual dysfunction in both sexes, in all regions of the world and for different age groups. In addition, research should determine medical and psychological factors and life experience factors that are contributing to male and female sexual dysfunction.

The committee recommended that epidemiologic studies should meet the methodological criteria of Prins et al. [4], has a minimum duration of the disorder for three months, use validated and severity scales, identify age groups and exclude sexually inactive individuals.

Elham Ahmed Atalla, MD
Consultant Family Physician & Clinical Sexologist

Committee 1 was chaired by Marita P. McCabe and Ira D. Sharlip. The members of the committee included Ron Lewis, Elham Atalla (2nd from right), Richard Balon, Alessandra D. Fisher, Edward O. Laumann, Sung Won Lee and Taylor Segraves

REFERENCES
Committee Two, Report from 4th ICSM:
Psychological and interpersonal dimensions of sexual function and dysfunction in both sexes, ethical and socio-cultural aspects

Sandrine Atallah

The 4th International Consultation on Sexual Medicine (4th ICSM) was organized under the auspice of the International Society for Sexual Medicine (ISSM). The 4th ICSM took place on June 19-21, 2015 in Madrid, Spain and gathered around 150 multidisciplinary experts in the field of Sexual Medicine from all over the world into 16 topic specific committees. These committees reported their findings during the meeting.

Nine experts from seven countries contributed to “Committee Two” and elaborated recommendations on the psychological and interpersonal dimensions of sexual function and dysfunction in both sexes, along with ethical and socio-cultural aspects. The adventure started on the beginning of 2014, after several online meetings, Committee Two members drafted an outline for their chapter and started reviewing and grading evidence-based medical and psychological literature related to their assigned topics. On Friday the 19th of June 2015, Committee Two members discussed their results and findings to agree on the final recommendations that were presented by the Committee Chairs, Lori Brotto and Kevan Wylie, to the specialists attending the 4th ICSM on Saturday the 20th of June 2015. These recommendations will be published in a special edition of the Journal of Sexual Medicine.

This committee’s main objectives were to assess the significant psychological, sociocultural and interpersonal factors contributing to male and female sexual function and dysfunction, to establish an etiological model for understanding the development and maintenance of sexual disorders, and to set recommendations for clinical management and research. All committee members used the Levels of Evidence as recommended by the Oxford Centre for Evidence Based Medicine 2011, with Level 1 corresponding with a meta-analysis or randomized controlled trial (RCT); Level 2 with low-level RCTs; Level 3 referring to good quality case-controlled studies or case series; and Level 4 reflecting an expert opinion. Along with each recommendation, was appointed a recommendation level according to: (A) highly recommended; (B) recommended; (C) optional; and (D) not recommended.

These objectives were subdivided in a chapter composed of four sections: the introduction section (section I), the Etiology section (section II), the Psychological treatment section (section III) and the overall recommendations section (Section IV).

As an introduction, all experts agreed on the fact that psychological, interpersonal, and sociocultural factors played a salient role in predisposing one to developing sexual issues (e.g., cultural sexual myths and taboos), in triggering the onset of a sexual dysfunction (e.g., life-stage stressor), and in maintaining a sexual problem in the long-term (e.g., conjugal conflicts). Another important point that was discussed between the “committee two” members was the difference between sexual dysfunction and sexual dissatisfaction. Experts insisted on the fact that sexual satisfaction was not attained through the mere absence of sexual dysfunction. Moreover suffering of a sexual disorder did not necessarily lead to sexual dissatisfaction. However, among the reviewed literature, only few studies differentiated between sexual dysfunction and sexual dissatisfaction (e.g., lifelong premature ejaculation vs. dissatisfaction with intercourse subjective duration). Hence, although this committee focused on sexual function and dysfunction, the experts agreed that clinicians should always assess sexual satisfaction/dissatisfaction, when evaluating sexual function and dysfunction and vice-versa.

In the Etiology section experts reviewed the most recent and relevant literature on individual factors (including constitutional and developmental factors, trait factors, life-stage stressors, processing factors, and contextual factors); on interpersonal and relational factors; on sociocultural factors; and on ethical factors.

In the third section, committee two covered methodological limitations inherent to literature related to psychological treatment outcome and then proceeded to the review of recent outcome research testing psychological treatments for female and male sexual dysfunction. Were also reviewed in this section, all recent therapeutic advances such as integrating psychological and medical approaches, and novel approaches of delivering treatment, such as online and internet therapies.

Finally, in the fourth section all chapter recommendations were regrouped and commented. Following is a small summary of each chapter section:

Section I: Introduction (refers to the text above)
Section II: Etiology

1) Individual factors

Constitutional and developmental factors
According to research, exposure to risk factors in the developmental stages of life – such as: insecure attachment, neglectful caregivers, sexual and non-sexual childhood abuse, traumatic sexual and nonsexual experiences during puberty years and adolescence as well as a number of constitutional factors (anatomical deformities, hormonal irregularities and congenital illness) – can impact sexual function or/and predispose to sexual problems in adulthood. However, vulnerability to these early constitutional and developmental factors is variable from an individual to another according to personal resilience that protects individuals from stressors and allows them to preserve a satisfactory level of sexual wellbeing. Hence, it is recommended from clinicians to systematically evaluate developmental and constitutional factors that could have negatively affected sexual function in patient’s consulting for sexual dysfunction.

Psychological trait-factors
In general, literature reviewed in this section strongly suggests that individual trait variables should be considered as predisposing factors for the development of sexual problems. More specifically, personality traits (such as neuroticism and introversion) and cognitive schemas (negative views about the self, such as self-incompetence in response to sexual events) were described by several studies as risk factors for emotional disorders (including depression, anxiety and sexual dysfunction). Furthermore, research assessing more specific (sex related) trait factors such as sexual beliefs and the tendency for sexual inhibition/excitation has also found a significant association between sexual difficulties and higher tendencies for sexual inhibition as well as more rigid, conservative and/or unrealistic sexual beliefs. Clinicians are hence recommended to systematically assess these psychological trait factors in patients presenting with sexual dysfunction. Moreover, clinicians are encouraged to use treatment strategies targeting the modification of these trait factors (such as cognitive-behavior interventions) in the management of sexual disorders.

Life Stage Stressors
Sever life-stage stressors were described in the reviewed literature as predisposing factors for sexual problems. This section studied specifically infertility, postpartum experiences, aging, and menopause, with a specific focus on psychosocial factors.

Psychological Processing factors
Processing factors have been identified in several studies as maintaining factors of psychological disorders including sexual disorders. More specifically, the impact on sexual function of cognitive and emotional variables –such as attributional style, efficacy expectations, cognitive distraction and attentional focus, automatic thoughts and emotional states such as anxiety and depressed mood – was demonstrated by the reviewed literature. Clinicians are recommended to systematically assess the patients’ cognitive-emotional processes and use therapeutic interventions aimed at changing these psychological processes.

Comorbid Mental Health Issues
Findings suggest a bidirectional relationship between mental health issues and sexual dysfunction. In fact, mental health issues such as stress, depressive disorders, anxiety disorders, posttraumatic stress disorder (PTSD), and substance use disorders were found to play a major role in the development of sexual problems, and sexual disorders were found to aggravate mental health issues. Furthermore, a large number of medications used in the treatment of psychiatric disorders have negative secondary effects on sexual function.

2) Interpersonal/Relational Factors
According to the experts’ literature review, when sexuality is experienced in an interpersonal context, not only sexual satisfaction and function affect the partnered relationship but also the interpersonal context by itself impacts sexual satisfaction and function. Clinically, sexual dysfunction can either be the cause or the consequence of dyadic conflicts or issues. However, despite the fact that most findings agree on the existence of a relationship between sexual and dyadic functioning, results are difficult to interpret as they are retrieved from clinical data and not from randomized controlled trials. Though, it is not always possible to establish with certitude a cause-and-effect correlation, research indicates better treatment outcome when assessment and management of couple issues are included in the management of sexual dysfunction.

3) Sociocultural factors
Sociocultural context has an impact on various aspects of sexual function and satisfaction. Not only it affects how one from a particular sociocultural background explicit and experience his symptoms, his suffering and his readiness to consult a healthcare
provider. Sexual disorders are highly prevalent across all populations, regardless of race, religion, culture, or ethnicity, however signs, syndromes and conditions can vary from a culture to another. According to the reviewed literature, sociocultural factors play a role in the causation of sexual concerns yet this role differs from an individual to another. Clinicians are recommended to assess cultural and social factors and to take adopt a culture sensitive approach in their management of sexual dysfunction.

4) Ethical considerations
All four principles of biomedical ethics should be applied in the field of sexual medicine. These principles comprise respect for autonomy, nonmaleficence, beneficence, and justice. Not only an ethical framework is critical in all clinical settings but more efforts should be developed in particular cultural contexts, more specifically when it comes to traditional female genital surgeries and both female and male genital cosmetic surgical procedures. Health care providers should observe recommendations and standards of care established within their respective legal jurisdictions and/or by their professional regulatory bodies. Following ethical principles is essential to ensure each patient’s sexual rights and enlightened consent all through the management process and to orient medical decision-making.

Section III: PSYCHOLOGICAL TREATMENT OUTCOME

1) The challenge of outcome research in sex therapy
According to the experts' literature review, there is a paucity of randomized, controlled sex therapy outcome researches. In fact, designing studies that both adhere to high level of evidence-based medicine and take into consideration the complexity of sexuality and all the intertwined biopsychosocial factors in play is a real challenge. Another inherent difficulty of outcome research in sex therapy is the definition of a successful treatment outcome. Should it be reestablishment of sexual function, satisfaction or both? Not to mention that some quantitative outcome criteria might be satisfying for some patients and not for others as these criteria neglect qualitative and emotional outcomes. To overcome these challenges, the measurement of treatment outcome should encompass both sexual function criteria (e.g.: penile rigidity, orgasm frequency) and clinical criteria such as sexual satisfaction, sexual quality of life, and sexual confidence in dependently of culture, sexual orientation and sexual preferences.

Since the publication of the last International Consultation on Sexual Medicine, only three new meta-analyses evaluating psychological interventions for sexual dysfunction in women and men were published (Frühauf, 2013; Berner, 2012; Gunzler 2012). Committee 2 recommendations are based mainly on the findings of those systematic reviews. This chapter only includes outcome research in sex therapy that followed a randomized design in which psychological interventions were compared either to another treatment or to a wait-list control.

2) Treatment outcomes for Women
Experts pointed out that although the DSM-5 new classification for sexual disorders was officially published in 2013, to date no psychotherapy outcome studies included women who met criteria for female sexual interest/arousal disorder (FSIAD) (APA, 2013). Therefore, this section reviewed literature on treatment outcome trials studying women who met criteria for hypoactive sexual desire disorder (HSDD), as defined by the DSM-IV-TR. Treatment outcome trials on remaining female sexual dysfunction such as female orgasmic disorder and mixed sexual symptoms were also reviewed. Experts also noted in their review the absence of randomized control trials of psychological interventions targeting female sexual arousal disorder as defined by the DSM-IV-TR. According to committee 2, this finding may be related to the difficulty of isolating female sexual arousal concerns from female sexual desire issues. Finally, due to the very dense literature on psychotherapeutic management of sexual pain, Committee 15 reviewed this topic in a separate chapter.

In light of their literature review, Committee 2 experts encouraged clinicians to consider cognitive behavioral therapy (CBT), couple's therapy and mindfulness-based therapy in the context of female sexual dysfunction.

3) Treatment outcomes for Men
As developed in the "Etiology" section, the biopsychosocial model is critical to fully apprehend the pathogenesis of male sexual dysfunction. Furthermore, psychological factors play an essential role in the development and in the maintenance of male sexual disorders. Consequently, interventions targeting these psychological factors can only be beneficial. According to the reviewed literature, psychotherapy for the management of sexual disorders outweighs in some cases medical treatments as firstly it doesn’t induce any biological secondary effects and secondly it targets a general improvement of sexual satisfaction and not only the improvement of one isolated symptom. Experts also noted that more studies assessed the outcome of psychological
interventions for male sexual dysfunction than for female sexual dysfunction. However, apart for outcome research in sex therapy for Erectile Dysfunction, there is a lack of high-level evidence-based studies on psychological management of male sexual difficulties (such as hypoactive sexual desire disorder, premature ejaculation, delayed ejaculation), preventing the establishment of high-grade recommendations. Consequently, most clinical recommendations encouraging CBT and combined therapy for male sexual disorders are based on expert opinion with the exception of a Grade A recommendation in favor of psychological interventions for Erectile Dysfunction.

4) Factors associated with a positive outcome in psychological treatments of sexual dysfunction
Committee 2 pointed out that according to the reviewed literature, several factors seemed to improve rates of success of psychological treatments of sexual issues such as motivation for success of both partners, quality of interpersonal relationships and compliance with homework assignments.

5) Integrating Medical and Psychological Treatments for Sexual Dysfunction
Adopting the biopsychosocial model as the reference model for the understanding of sexual dysfunction leads to the reasonable assumption that combination sexual dysfunction is still difficult to implement on the practical level.

6) New modes of psychological therapy delivery
Recent advances of technology and communication not only impact sexual satisfaction and interpersonal relationships but can be used by clinicians to explore new modes of psychological therapy delivery such as online and internet therapies. However more or integrated treatment would be the best alternative for the management of sexual problems. In fact, to be effective, combination therapy should simultaneously target biological factors and both individual and interpersonal psychosocial factors that negatively affects sexual function and satisfaction. Recent studies strongly support the effectiveness of integrated treatment however this ideal conceptual model of a multidisciplinary and comprehensive management of randomized trials are needed to elaborate high level clinical recommendations.

Section IV: Conclusion and Recommendations
In summary a biopsychosocial integrated approach is recommended in the assessment and management of sexual dysfunction. Single interventions targeting only one causative or contributing factor (e.g.: phosphodiesterase type 5 inhibitor, individual therapy, marital counseling) without taking into account other influences are most frequently insufficient. Moreover, management of sexual issues should not only focus on symptom relief but also on achieving sexual pleasure and satisfaction. For a complete literature review on the topic and the final recommendations established by Committee 2, read the full chapter soon to be published in the Journal of Sexual Medicine.

Sandrine Atallah, M.D, MHM, FECSM
Clinical Sexology - Medical Hypnosis

References:
Committee 5, Report from 4th ICSM:
Sexual health and illness
Ahmed El-Zawahry

Committee 5 was involved in assessment of impact of chronic disease on sexual function. The committee reviewed the impact of chronic diseases and cancer on sexual function of both men and women. The objectives of the committee was to identify the prevalence and pathophysiology of sexual dysfunction associated with chronic diseases and cancer, and possible recommendations in each category based on available evidences. It was recommend that evaluation of different chronic disease should include assessment of sexual function, previous sexual problems, impact of the problem on sexual function and its effect on self-esteem and possible relationship conflicts.

The committee reviewed sexual function associated with different cancer diseases. It is thought that different forms of cancer may affect sexual function. In women with breast cancer, surgical treatment may affect sexual function and preservation of tissue may be of benefit. Pharmacotherapy such as Tamoxifen, aromatase inhibitors may affect vaginal health and could lead to genital pain. Although local vaginal estrogens are commonly used however, their use in this situation is still questionable and further research is warranted. Other treatment for genial syndrome of menopause associated with treatment such as intravaginal testosterone, and Ospermifene are still under investigation. Non-hormonal water-based lubricant are considered safe in these situations and may help improve sexual function. Treatment of gynecologic cancer have deleterious effect on sexual function. It is recommended to use nerve sparing and clitoral preservation to help preserving the quality of sexual function. Patients with vaginal scarring after treatment may benefit from vaginal dilators. In addition potential improvement with co-administration of topical estrogens may be seen however this needs to be further evaluated. Bladder cancer treatment have negative impact of sexual function in both men and women. Superficial bladder cancer treatment with resection and intravesical chemotherapy is thought to have minimal effect on sexual function, however, radical cystectomy negatively affect sexual function in both men and women. Nerve sparing cystectomy may help to preserve sexual function, In addition, sparing the anterior vaginal wall in women may preserve sexual function. In men prostate- sparing cystectomy and penile rehabilitation may help early recovering of sexual function. Urinary diversion after cystectomy does not seem to alter sexual function.

Treatment of rectal cancer with abdominoperineal resection alone or in combination with radiotherapy has significant negative impact on sexual function. Nerve-sparing surgery is recommended as this may help preserving sexual function and erections. In regards to prostate cancer, as expected active surveillance has no to less impact on sexual function when compared to other treatment options. There are multiple recommendations that could help reducing risks of erectile dysfunction. These included avoiding cautery to accessory pudendal arteries, and bilateral-nerve sparing radical prostatectomy when feasible. Phosphodiestrase-5 inhibitors (PDI) are shown to benefit 50% of patients underwent bilateral nerve sparing prostatectomy. Radiation treatment of prostate cancer has negative impact on erection which is mostly multifactorial and the role of PDI use in these patient may be limited.

As for penile cancer, removal of the cancer with preservation of maximal penile length with compromising oncologic outcome will allow continuation of sexual function. However, it is recommended to have an extensive pretreatment counselling to minimize psychological trauma associated with treatment. It is thought that penile brachytherapy may have on sexual function. In patients with testicular cancer, counselling about sperm preservation should take place prior to treatment. It is recommended to minimize sympathetic nerve damage during retroperitoneal lymph node dissection to preserve ejaculation. Testicular implants may be offered to men undergoing orchiectomy. It is recommended to include psychoeducational programs in counselling patients with chronic disease for sexual health rehabilitation.

The committee has looked into different chronic Diseases and their impact on Sexual Health. The committee had strong recommendations about erectile dysfunction (ED) and cardiovascular diseases (CVD). ED has the same risk factors of CVD and it is considered as an independent marker of development of CVD events, myocardial infarctions and strokes. ED precede CVD events by a period of 2-5 years which could help to prevent CVD events. ED is associated with peripheral arterial disease (PAD) and the greater the ED the greater the risk of PAD. Young men (30 to 60 years of age) with ED has a greater relative risk of coronary and should be aggressively targeted with therapy.

Men with Type 2 diabetes may have low testosterone level and correction of testosterone level may help
sexuality function by improving sexual desire and erections. Testosterone therapy in diabetic men and low serum testosterone may help erection after failed previous PDE5 inhibitors. The committee recommends intensive lifestyle modification to help improve sexual function in both men and women. Depression as well as treatment with some antidepressant may negatively affect sexual function. It is recommended to use antidepressants with less sexual side effects than selective serotonin reuptake inhibitors (SSRIs). The committee recommended some strategies to help with sexual Dysfunction such as using antidepressant with fewer sexual effects, dose reduction, drug holidays (regular brief interruptions of treatment), and/or switching from one antidepressant to another.

End-Stage Renal Diseases (ESRD) results in sexual dysfunction in men and women secondary to multiple factors. Sildenafil seems to help patient with ESRD on hemodialysis, peritoneal dialysis and after renal transplantation. Transplantation may help to improve sexual function as well as fertility. The committee has found that dermatologic disorder and rheumatological disorder may impact sexual function however this need to be further elucidated. Lower urinary tract may negatively impact sexual function. Active surveillance and treatment with phytotherapy does not seems to help and actually all domains of sexual function may deteriorate with time with active surveillance. On the other hand treatment with alpha-blockers may affect ED for a short period of time. Men report ejaculatory dysfunction while on treatment with tamsulosin and silodosin. Men who receive 5-alpha reductase inhibitors (5-ARIs) treatment experience negative effects on erection, ejaculation and desire, however, these effects may be reversible. Using PDE5-I alone or with alpha blocker for LUTS help to improve. The impact of more invasive therapy for the enlarged prostate with Transurethral resection (TURP), Photovaporization (PVP), open simple prostatectomy, needle ablation (TUNA) and microwave thermotherapy (TUMT) have not been clearly elucidated. More recent therapy with urethral compression using prostatic urethral lift (PUL) preserves the bladder neck and hence the ejaculatory function may provide alternative to other treatment. Lower urinary tract symptoms in women (FLUTS) may have affect sexual function and evaluation of female sexual dysfunction should take place in women with FLUTS. Currently no preventive strategies are recommended to evade sexual problems associated with FLUTS. Treatment of FLUTS (overactive bladder, stress urinary incontinence, bladder/pelvic pain and prolapse) may improve sexual function in these patients. Gynecologic surgery impact on sexual function is poorly characterized and need further investigation.

Ahmed M. El-Zawahry, MD
Assistant Professor of Urology
Division of Urology, Department of Surgery
Southern Illinois University School of Medicine
Springfield, IL, USA
Committee 8, Report from 4th ICSM:
Endocrinological control of men's sexual desire and arousal/erection
Ahmed El-Sakka

My committee had addressed the issue of "Physiology and pathophysiology of men's sexual desire, arousal and penile erection (including endocrine aspects)". In this chapter the outline included endocrine regulation of sexual desire in physiological and pathological conditions with emphasis on sex steroids (testosterone, DHT and estradiol), prolactin, DHEA and other adrenal hormones oxytocin, melanocortin; Endocrine regulation of arousal and penile erection with emphasis on sex steroids (testosterone, DHT and estradiol), DHEA and other adrenal hormones, oxytocin, growth hormone; Nervous system (central and peripheral) regulation of penile erection with emphasis on neuroanatomy, neural pathways and neuroregulation; Vascular system (systemic and penile) regulation of penile erection with emphasis on vascular anatomy, corporal physiology and molecular factors/signal transduction.

The vascular anatomy and erectile dysfunction addressed penile structural alterations, systemic vascular disease resulting in erectile dysfunction, local vascular disease resulting in erectile dysfunction, veno-occlusive dysfunction. The localized penile vascular disease mechanisms addressed concerted action between the endothelium and corporal smooth muscle tissue determine erections, NO-cGMP pathways, endothelial dysfunction results in lowered activity of NO-cGMP pathways, alternative pathways raising intracellular cGMP, cAMP/adenyl cyclase pathways, hydrogen sulphide, vasoconstrictive pathways, oxidative stress as a determinant of erectile dysfunction.

Ahmed El-Sakka, MD
Prof. of Urology, Suez Canal University, Egypt
President of Middle East Society for Sexual Medicine (MESSM)
Early 2014, I have been introduced by Dr. Amr El-Meliegy to participate in writing for the International Consultation on Sexual Medicine, lead by the ICSM Chair Dr. Gerry Brock, Canada, and the ICSM-Administrator Ms. Vivian Gies.

As soon as the teams and the leading groups were formed and David Ralph had been assigned to chair as writing committee on Peyronie’s Disease, Priapism, Penile Reconstruction (Augmentation, Gender Reassignment) and Trauma.

This charge combines Committees 15 + 16 from the 2009 ICSM.

The following sub team was suggested:

**Co-Chairs:**
Gregory A. Broderick and David Ralph

**Members:**
Trinity Bivalacqua - USA
Giulio Garaffa - United Kingdom
Sidney Glina - Brazil
Ahmad Shamsodini – Qatar
Eric Chung – Australia
Hossein Sadeghi-Nejad – USA
Ates Kadioglu – Turkey
Lawrence Hakim - USA

I was assigned to write a chapter about Penile Reconstruction (augmentation, gender reassignment) with Dr Giulio Garaffa.

The hard work has started with reviewing the past papers and rewriting the manuscript. Since I had an expertise in penile surgery, I was responsible for the penile augmentation part while Giulio did a great job bringing his years of experience in the field of gender reassignment.
Committee 10, Report from 4th ICSM:
Disorders of orgasm and ejaculation in men
Ibrahim Abdel-Hamid

What is new in Committee 10 chapter
"DISORDERS OF ORGASM AND EJACULATION IN MEN"?
As in the previous consultation, the chapter will cover the details and the updates of the following sub-topics:
I. Introduction
II. Anatomy and Physiology of Ejaculation
III. Premature Ejaculation: Definition, Epidemiology, Pathophysiology
IV. Treatment of Premature Ejaculation
V. Delayed Ejaculation, Anejaculation, and Anorgasmia: Definition, Epidemiology, Pathophysiology
VI. Evaluation of Delayed Ejaculation, Anejaculation, and Anorgasmia
VII. Treatment of Delayed Ejaculation, Anejaculation, and Anorgasmia
VIII. Recommendations

In addition, the chapter will discuss other new 10 titles such as the following:
1. The Effects of Drugs on Orgasm and Ejaculation.
2. Retrograde Ejaculation.
3. Anhedonic Ejaculation.
4. Hypospermia and Aspermia.
5. Spontaneous Ejaculation.
6. Painful Ejaculation.
7. Ejaculation and Urological Disorders.
10. Restless Genital Syndrome in the Male.

Ibrahim A. Abdel-Hamid M.D.
Professor of Andrology and Reproduction.
Mansora Faculty of Medicine

Committee 10 included Juza Chen, Marcel Waldinger, Ibrahim Abdel-Hamid (2nd from right), Natalio Cruz Navarro, Bert-Jan de Boer, Stacy Elliott, Michael Perelman, Ege Can Serefoglu and Eelke Snoeren.
Committee 16, Report from 4th ICSM:
Existing and future educational needs and platforms
Abdulaziz Baazeem

The committee met on the morning of Friday, June 19th 2015 for final deliberations prior to making its presentation that same afternoon.

The committee started off by giving an account of the current state of medical undergraduate sexuality education. Most of the evidence from which to draw information is from Western countries. It appears that there has been a relative reduction in sexuality education in places where it exists, or that there is a deficiency in it to an extent that renders it insufficient to adequately prepare students for future medical practice. Several contributing factors were discussed. And later, several areas of concern that attention can be given to were examined. These included curriculum development, learning strategies, various educational formats, and the evaluation of students and of program efficacy and faculty development.

Attention was then directed to residency and post-graduate education in sexual medicine. The need, requirement, benefits and methods of assessment of training were considered. An international perspective on the state of training and certification in sexual medicine was given. The delivery of graduate and post-graduate sexual medicine education was also discussed and specific methods to improve training in the performance of specific surgical procedures were outlined.

Sadly, data from the Middle East were severely lacking in this area. We hope that MESSM members start researching this area of great interest.

Abdulaziz Baazeem MD, FRCS(C), FECSM
Assistant Professor of Urology
Umm Al-Qura University
Scientific Committee Co-Chair
MESSM 3rd Biennial Meeting

Committee 16 consisted of Eli Coleman (USA) and Ian Eardley (United Kingdom) (Chairs), Abdulaziz Baazeem (Saudi Arabia, 3rd from right), John Dean (United Kingdom), Sue Goldstein (USA), Yacov Reisman (The Netherlands), Alan Shindel (USA) (Members) and Andrew Kramer (USA) (Consultant).
News
Raouf Seyam

MESSM News
During the 3rd Biennial MESSM meeting in Cairo on the 16th of Oct 2015, a new Board of Directors will be elected. The nominations for the new Board of Directors are (per position in alphabetical order):

Nominations President Elect (2):

Abdelaziz Baazeem
Maher Zabaneh

Nominations Treasurer (1)
Sandrine Atallah

Nominations Secretary General (1)
Amr Gadalla

Nominations Ordinary Director (3)
Elham Attala
Abdelrahman Elnashar
Mona Reda

For more information about the 3rd Biennial Meeting, its Scientific Program and the elections of the new Board of Directors, please visit www.messm.org.
Selected briefing and abridged from the American Urological Association Daily Scope
March 17, 2015 to 22 Sep 2015
Customized Briefing from the American Urological Association Daily Scope
An AUA member service
Last updated Sep 23, 2015

AUA statement “The AUA Daily Scope is a digest of the most important news selected from thousands of sources by the editors of Bulletin Healthcare and is designed to help keep you up-to-date on news that your patients may be reading. The statements and opinions contained in the articles referenced by the Daily Scope are solely those of the individual publications cited and not of the American Urological Association.”

August 31, 2015
Use Of Aspirin And Other NSAIDs May Not Reduce Risk Of ED.
Renal and Urology News (9/1, Charnow) reports that research suggests that “use of aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) does not reduce the risk of erectile dysfunction (ED).” The findings were published online in BJU International.

Editor's comment: Going back to the published abstract Dr. Patel DP from University of Utah, Salt Lake City, UT, USA set out to determine whether the use of Asprin and NSAIDS are associated with developing ED in a cohort of 4726 men in the placebo arm of the Prostate Cancer Prevention Trial who had no ED to start with. Actually the initial analysis indicated that both groups of medications are associated with 1.16 increased risk of developing ED. However, controlling for confounders attenuated the association of ED with NSAIDs. (Patel DP, Schenk JM, Darke A, Myers JB, Brant WO, Hotaling JM. BJU Int. 2015 Aug 25. doi: 10.1111/bju.13264. [Epub ahead of print] PMID: 26305866.)

AUA Updates Position Statement on Testosterone Therapy
In response to recent activity by the U.S. Food and Drug Administration, the AUA has updated its Position Statement on Testosterone Therapy.

AUA Position Statement on Testosterone Therapy
“In a recent drug safety communication the FDA requires manufacturers of approved testosterone products to add labeling information about possible increased risk of heart attack and stroke. The American Urological Association (AUA) concludes that there is conflicting evidence about the impact of testosterone therapy on cardiovascular risks. Definitive studies have not been performed. The FDA drug safety communication cautions that benefits and risks of testosterone products for low testosterone due to aging are not clearly established. Hypogonadism is defined as biochemically low testosterone levels in the setting of a cluster of symptoms, which may include reduced sexual desire (libido) and activity, decreased spontaneous erections, decreased energy and depressed mood. Men with hypogonadism may also experience reduced muscle mass and strength and increased body fat. Hypogonadism may also contribute to reduced bone mineral density and anemia. Testosterone therapy is appropriate treatment for patients with clinically significant hypogonadism, including those with idiopathic clinical hypogonadism that may or may not be age-related, after full discussion of potential adverse effects. Patients should understand that treatment requires follow-up and medical monitoring. Testosterone therapy in the absence of hypogonadism is inappropriate.

Increased public awareness about hypogonadism has been stimulated by recent increases in availability and diversity of patient-acceptable forms of testosterone replacement options. Only FDA-approved medications should be used; over-the-counter preparations generally should be avoided based on lack of efficacy and safety data.

The management of hypogonadism should start with careful evaluation by a physician experienced in diagnosing and managing patients with hypogonadism. Many of the symptoms are non-specific and may be multifactorial in origin. Hence, symptoms may not be necessarily linked to hypogonadism alone. This fact needs to be considered in the overall evaluation. The diagnosis should be made only after taking detailed medical history, physical examination, and
obtaining appropriate blood tests. Testosterone therapy should not be offered to men with normal testosterone levels. Testosterone therapy is never a treatment for infertility, and may cause infertility.

The AUA is also concerned about the risks associated with misuse of testosterone for non-medical indications, such as body building or performance enhancement.

The potential adverse effects of testosterone therapy should be discussed prior to treatment. These include acne, breast swelling or tenderness, increased red blood cell count, swelling of the feet or ankles, reduced testicular size and infertility. Current evidence does not provide any definitive answers regarding the risks of testosterone therapy on prostate cancer and cardiovascular disease, and patients should be so informed.

The optimal follow-up of men on testosterone therapy has not been defined, but should include measurement of testosterone level, PSA (for men of appropriate age) and hematocrit. Other patient-specific measures may be appropriate.

There is a critical need for more federal and industry funding of research to better understand indications, long term benefits and risks of current treatments of hypogonadism, as well as to develop new and improved treatment options.

AUA recognizes and encourages the increased educational awareness of the benefits and risks of testosterone therapy among both patients and healthcare providers. This statement has been endorsed by the American Society for Men's Health, the Sexual Medicine Society of North America and the Society for the Study of Male Reproduction."

Board of Directors, February 2014
Board of Directors, August 2015 (Revised)

Editor’s comment: This statement highlights several points to the practitioner. First testosterone therapy should be indicated only for patients with clinically significant hypogonadism. Second the patient should be warned about specific side effects like gynecomastia, ankle edema, increased red cell count and infertility. Third current evidence does not provide any definitive answers regarding the risks of testosterone therapy on prostate cancer and cardiovascular disease.

August 19, 2015
FDA Approves Female Libido Treatment.

NBC Nightly News (8/18, story 7, 1:55, Holt) reported that the Food and Drug Administration has approved Addyi (flibanserin), a drug that "works in a woman’s brain to solve a chemical imbalance among three neurotransmitters" that impact sexual desire.

The CBS Evening News (8/18, story 9, 2:00, Rose) noted that the drug, which is designed to treat pre-menopausal women, is the first drug approved to boost female libido.

According to ABC World News (8/18, story 10, 0:15, Muir), Sprout Pharmaceutical believes the drug could be prescribed "for as many as 10 percent of women" and will be available in mid-October.

On the front of its Business Day section, the New York Times (8/19, B1, Pollack, Subscription Publication) reports that the approval is “a victory for a lobbying campaign that had accused the Food and Drug Administration of gender bias for ignoring the sexual needs of women.” However, critics have said the campaign “made a mockery of the system that regulates pharmaceuticals and had co-opted the women’s movement.”

The Washington Post (8/19, Schulte, Dennis) reports in “Health & Science” that the approval “comes with a series of conditions reflecting the agency’s concerns about serious side effects,” including “a boxed warning that highlights the risks of low blood pressure and fainting in patients who drink alcohol while taking the drug, and a requirement that doctors complete a training course before being allowed to prescribe the drug.” The FDA is also requiring Sprout Pharmaceuticals to conduct three clinical trials on the interaction between Addyi and alcohol consumption.

Bloomberg News (8/19, Edney) reports that the FDA also “acknowledged that the drug industry has struggled to come up with treatments for female sexual dysfunction and said it continues to encourage development in that area.”
August 13, 2015

**Testosterone Therapy Does Not Appear To Increase Risk Of Cardiovascular Disease And May Not Further Improve Overall Sexual Function.**

The Los Angeles Times (8/12, Healy) “Science Now” blog reported that a study published in JAMA suggests that testosterone therapy “does not appear to hasten progression of cardiovascular disease; neither, however, does it appear to improve sexual function or overall health-related quality of life.”

The Huffington Post (8/13) reported that investigators “gave 306 men over the age of 60, all of whom had low to normal levels of testosterone, either testosterone gel or a placebo every day for three years.” Participants “who were given testosterone exhibited no more improvement in sexual function or quality of life than the control group.”

HealthDay (8/12, Thompson) reported that the investigators also “found that men using testosterone gel had not suffered any additional hardening of their arteries, compared with men using a placebo.”


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August 12, 2015

**RALP May Be More Effective At Preserving Erectile Function, Urinary Continence Than LRP In Treatment Of Localized Prostate Cancer.**

Renal and Urology News (8/12, Charnow) reports that a meta-analysis suggests that “robotic-assisted laparoscopic radical prostatectomy (RALP) is more effective at preserving erectile function and urinary continence than laparoscopic radical prostatectomy (LRP) in the treatment of localized prostate cancer.” The findings were published online in Urologia Internationalis.

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July 22, 2015

**Testosterone Therapy May Not Be Linked To Increased Risk Of Blood Clots In Veins.**

HealthDay (7/21, Preidt) reported that research published in Mayo Clinic Proceedings suggests that “testosterone therapy doesn’t appear to increase the risk of blood clots in veins.” Investigators looked at data on approximately “30,000 American men, aged 40 and older.” The investigators “found that having a prescription for testosterone therapy was not associated with an increased risk of” venous thromboembolism.


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**Middle-Aged Men With ED May Have Higher Risk Of Having Undiagnosed Diabetes.**

The New York Times (7/22) “Well” blog reports that “a new analysis” published in Annals of Family Medicine suggests “that middle-aged men with erectile dysfunction are at more than double the risk of having undiagnosed diabetes.”

Medscape (7/22) reports that researchers, however, “did not detect any association of ED with undiagnosed hypertension or undiagnosed hypercholesterolemia.”

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July 21, 2015

**Men With Impotence May Face Higher Risk Of Undiagnosed Type 2 Diabetes.**

HealthDay (7/21, Reinberg) reports that research suggests that “men who experience impotence may face twice the risk of undiagnosed type 2 diabetes compared to men” who do not experience impotence. The findings were published in the Annals of Family Medicine.

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July 17, 2015

**Sexual Intercourse May Be Effective Way To Clear Distal Ureteral Stones.**

Renal and Urology News (7/17, Charnow) reports that research suggests that “sexual intercourse may be an effective way to clear distal ureteral stones.” The researchers wrote, “Our results have indicated that patients who have distal ureteral stones ≤6 mm and a sexual partner may be advised to have sexual intercourse 3 – 4 times a week to increase the probability of spontaneous passage of the stones.” The findings were published in Urology.

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July 13, 2015

**Testosterone Supplements May Not Ease Ejaculatory Dysfunction In Men With Low Testosterone.**

HealthDay (7/10, Preidt) reported, “Testosterone supplements won’t help men with low testosterone ease any problems they have with ejaculatory function,” according to a study published online July 9 in the Journal of Clinical
Endocrinology & Metabolism. Included in the study were “66 men, aged 26 and older, with low testosterone levels and a history of ejaculatory dysfunction.” The participants were randomized “to receive either a two percent testosterone solution applied to the skin, or...placebo.”

Medical Daily (7/10, Scutti) reported that “throughout the 16-week study period, the researchers measured participants’ hormone levels and gauged their ejaculatory function via self-reports and semen samples.” Researchers “recorded no or little improvement in ejaculate volume or orgasmic function” in participants “who received testosterone replacement.” Even though these men “had higher scores on the Sexual Health Questionnaire, the improvement in ejaculatory dysfunction was too small to be statistically significant when compared to participants taking placebo.”

July 9, 2015

**Illicit Amphetamine Use May Have Negative Impact On Sexual Function In Some Men.**

Medscape (7/9, Davenport) reports that research suggests that “half of men who illicitly use amphetamines report that the drugs have a negative impact on sexual function.” Investigators “found that amphetamines, including amphetamine, methamphetamine, methylphenidate, and 3,4-methylenedioxymethamphetamine (MDMA, ‘Ecstasy’), reduced erectile rigidity and sexual satisfaction, enhanced orgasmic intensity, and delayed ejaculation.” But, “just as many men reported increased sexual desire as reported reduced desire...which indicates that dosing frequency has more of an impact than duration of use.” The findings were published online in the Journal of Sexual Medicine.

June 24, 2015

**Research Looks At Potential Association Between ED Medications And Melanoma Risk.**

Forbes (6/24) contributor Arlene Weintraub writes that researchers looking into the potential association between Viagra (sildenafil citrate) and increased melanoma risk found that “it’s not Viagra and other ED drugs that cause melanoma, but rather the lifestyle and socioeconomic characteristics of the typical patient—the tendency to vacation in sunny climes, for example—that put men at risk.” The findings were published in the Journal of the American Medical Association. Investigators looked at “the medical records of 20,235 men in Sweden.” Those “who filled at least one prescription for an ED drug faced a 21% higher risk of malignant melanoma.”

However, AFP-Relaxnews (6/24) reports that “the most pronounced risk was seen in men who had filled a single prescription (32 percent higher).” The data indicated that “the risk of melanoma in men who filled multiple prescriptions was 14 percent higher, which was not statistically significant.” The investigators “were also puzzled by the finding that men taking ED drugs were more likely to be diagnosed with low-grade melanoma, not advanced or high risk cancers.”

HealthDay (6/24) reports that lead researcher Dr. Stacy Loeb said, “We found that the men at greatest risk for melanoma generally had higher educational backgrounds and higher incomes.” HealthDay adds, “Factors such as those tend to translate into having more available leisure time in general – and greater exposure to the sun.” Also covering the story are the Telegraph (UK) (6/24, Knapton), Medscape (6/24), and MedPage Today (6/24, Bankhead).

June 23, 2015

**Study: Penile Prosthesis Surgeries In Medicare Beneficiaries Declined.**

MedPage Today (6/23, Wallan) reports that research indicates that “penile prosthesis surgeries in Medicare beneficiaries dropped by half over the course of 8 years, possibly due to improvements in chemical therapies.” Investigators found that “from 2002 to 2010, the use of penile prostheses to treat erectile dysfunction went from 4.6% to 2.3%, with the greatest declines seen in the American Midwest and in men ages 70 to 74.” The findings were published in The Journal of Sexual Medicine.

June 22, 2015

**Men With Gout May Face Higher Risk Erectile Dysfunction.**

Renal and Urology News (6/20, Charnow) reported that research suggests that “men with gout are at increased risk erectile dysfunction (ED).” The findings were published online in The Journal of Rheumatology.

June 17, 2015

**Active IBD May Be Associated With Impaired Sexual Function.**

Renal and Urology News (6/17, Charnow) reports that research suggests that “active inflammatory bowel disease (IBD) is associated with impaired sexual function.” The findings were published online in the Journal of Sexual Medicine.
June 8, 2015

Study Suggests There May Be A High Incidence Of Osteopenia In Men With Low Levels Of Testosterone.

Medscape (6/6, Harrison) reported that research suggests that “there is a high incidence of osteopenia in men with low levels of testosterone, and these patients are at significant risk for osteoporosis.” Investigators also found that “the longer they are hypogonadal, the greater the risk.” The findings were presented at the American Urological Association 2015 Annual Meeting.

June 5, 2015

FDA Advisory Panel Recommends Approval For Flibanserin With Caveat.

NBC Nightly News (6/4, story 2, 1:45, Holt) reported that a Food and Drug Administration advisory panel gave Sprout Pharmaceuticals’ flibanserin also known as “female Viagra,” a “major victory” by recommending the women’s libido drug for approval.

ABC World News (6/4, story 7, 1:35, Muir) reported that the advisory panel recommendation was a “key decision” for the drug, which faces “just one more hurdle” when the Food and Drug Administration decides whether to follow the panel’s recommendation and approve the drug in August.

According to the CBS Evening News (6/4, story 7, 1:05, Rose), “the committee members really struggled, even agonized over this decision because concerns that the benefits were quite modest in some cases and also because of significant side effects,” which is why the panel is “recommending it with an asterisk.”

USA Today (6/5, Mitchell) explains that the panel recommended approval “only if more safety restrictions are added.” Panelists suggested that the FDA consider monitoring safety studies focusing on pregnancy, fertility, and breast cancer, and also recommended that the FDA “require special certification for doctors who prescribe the drug and pharmacists who dispense the drug to protect the patients.”

On its front page, the Washington Post (6/5, A1, Schulte) points out that the panel recommended that the FDA approve flibanserin by a 18-6 vote. But, even though the FDA “usually follows the recommendations of its advisory committees,” it does not always do so.

On its front page and in its “Well” blog, the New York Times (6/5, A1, Pollack, Subscription Publication) reports that Dr. Hylton V. Joffee, panel member and Director of the division of Bone, Reproductive and Urologic Products at the FDA, said the agency “firmly rejects” accusations of gender bias surrounding the female libido drug made against the FDA.

According to the AP (6/5, Perrone), the gender bias accusations were a part of “an aggressive lobbying campaign” backed by Sprout Pharmaceuticals. Critics, such as Dr. Adriane Fugh-Berman of Georgetown University, worry that “to approve this drug would set the worst kind of precedent: that companies that spend enough money can force the FDA to approve useless and dangerous drugs.”

An editorial by the Los Angeles Times (6/5) argues that “the most disturbing aspect” of the debate around flibanserin “is the attempt to make this decision political rather than scientific.” The Times asserts, “There’s nothing feminist about a drug that isn’t very effective and can have negative side effects in the women who take it,” and so the FDA should be making its decision on sound science, not politics.

Also covering the story are the Wall Street Journal (6/5, Silverman, Subscription Publication), the Los Angeles Times (6/5, Healy, Diersing), Bloomberg News (6/5, Edney), Reuters (6/5, Clarke), the ABC News (6/5) website, the NBC News (6/5, Fox) website, CNN (6/5, Goldschmidt, Shoichet), the NPR (6/5) “All Things Considered” program, the Congressional Quarterly (6/5, Gustin, Subscription Publication), Newsweek (6/5, Firger), the New York Daily News (6/5, Slattery), TIME (6/5, Sifferlin), Vox (6/5, Belluz), Health Day (6/5), MedPage Today (6/5, Firth), and Medscape (6/5, Ault).

June 2, 2015

Pump-Free And Touchless Method Of Activating Nonhydraulic Penile Prosthesis May Perform As Well As Any Hydraulic Inflatable Prosthesis.

Medscape (6/2, Harrison) reports that research suggests that “a pump-free and touchless method of activating a nonhydraulic penile prosthesis seems to perform as well as any hydraulic inflatable prosthesis, and would be much easier for the patient to use and for urologists to implant.” The findings were presented at the American Urological Association 2015 Annual Meeting.
May 28, 2015  
**Low Vitamin D May Be Linked To Low Testosterone In Otherwise Healthy Men.**  
Medscape (5/28, Harrison) reports that research suggests that “low levels of vitamin D are significantly and independently associated with low levels of testosterone in otherwise healthy middle-aged men.” The findings were presented at the American Urological Association annual meeting.

May 21, 2015  
**Testosterone May Not Be Linked To Prostate Cancer Risk.**  
MedPage Today (5/21, Kuznar) reports that research presented at the American Urological Association annual meeting suggests that “endogenous serum testosterone levels are not associated with prostate-specific antigen (PSA) levels or the risk of developing prostate cancer, nor is testosterone replacement therapy (TRT) for symptomatic hypogonadism.”

May 20, 2015  
**Testosterone May Not Cause Prostate Cancer Or Spur Increases In PSA Levels.**  
Medscape (5/19) reports that a meta-analysis indicates that “testosterone, whether occurring naturally or taken as replacement therapy, does not cause prostate cancer or spur increases in prostate-specific antigen (PSA) levels in men.” While the findings “are encouraging,”...longer-term data from randomized trials are needed to strengthen the finding, said lead author Peter Boyle, PhD, DSc.” The findings were presented at the American Urological Association Annual Meeting.

May 19, 2015  
**Testosterone Treatment May Not Be Associated With Increased Risk Of Thrombotic Events In Elderly Men With Hypogonadism.**  
Medscape (5/19, Harrison) reports that research suggests that “in elderly men with hypogonadism, the risk for a thrombotic event is no higher with testosterone treatment than without.” But, researchers found that “all-cause mortality is higher without testosterone supplementation.” The findings were presented at the American Urological Association annual meeting. Renal and Urology News (5/19, Charnow) also covers the story.

May 18, 2015  
**Use Of Penile Prostheses To Treat ED Declining Overall.**  
Renal and Urology News (5/18, Charnow) reports that research indicates that “use of penile prostheses to treat erectile dysfunction (ED) has declined overall,” although “their use has increased in patients with significant medical comorbidities.” The findings were presented at the American Urological Association annual meeting.

May 11, 2015  
**Study: Couples Instructed To Increase Frequency Of Sexual Activity Experienced Decreased Happiness, Sexual Satisfaction.**  
Yahoo! News (5/9, Rushlow) reported that research published in the Journal of Economic Behavior & Organization indicated that “couples who were instructed to increase their frequency of sexual activity experienced decreased happiness and sexual satisfaction.”  

HealthDay (5/9, Preidt) reported that the investigators “found that one reason why simply having more sex did not make couples happier was because it seemed tied to a drop in their desire for, and enjoyment of, sex.” But, “It
wasn’t that having more sex led to lower desire and enjoyment of sex.” Instead, “it was because they were asked to do it – rather than initiating sex on their own...said” the researchers. Medical Daily (5/11) also covers the story.

May 6, 2015

Study: Periodontal Disease Could Lead To Erectile Dysfunction.

Men’s Health (4/21, Austin) reports that preliminary research conducted in Taiwan found that “men with erectile dysfunction (ED) were 79 percent more likely to have been diagnosed with chronic periodontal disease (CPD)” than males without ED. Men’s Health urology advisor Larry Lipshultz, MD, explained that CPD leads to chronic inflammation that can damage the lining of blood vessels and “result in impaired blood flow.” Sally J. Cram, DDS, a consumer advisor for the American Dental Association, said, “Most people who have [periodontal] disease don’t feel pain until it is in the advanced stages, so be sure to see your dentist if you experience red swollen gums, bleeding gums when brushing, bad breath, loose teeth, and receding gums.” If the disease is caught before it becomes advanced, treatment “can be as simple as a few deep cleanings from your dentist. If it’s discovered later on, you might require gum surgery to reduce the pockets and restore some of the bone loss,” according to Cram.

April 24, 2015

Survey: Sexual Dysfunction Medications May Not Address All Sexual Issues.

HealthDay (4/24, Thompson) reports that, according to the results of a survey conducted by British researchers and published in the International Journal of Impotence Research, “men who take drugs like Viagra [sildenafil citrate] and Cialis [tadalafil] continue to express more concern and dissatisfaction with their overall sex life, compared with men who don’t suffer from erectile dysfunction.” Physical ailments may be “part of the problem,” the authors suggested, noting that “men taking PDE5i drugs reported more high blood pressure and diabetes, which are physical ailments that can interfere with the ability to achieve” optimal pleasure. The survey results appeared online in the International Journal of Impotence Research.

April 22, 2015

Study: Only A Small Proportion Of Hypogonadal Men Receive TRT.

Renal and Urology News (4/22, Persaud) reports that research published online in Urology indicates that “only a small proportion of hypogonadal men receive testosterone replacement therapy (TRT).” Investigators found that, “among these patients, less than half have recommended follow-up tests.”

April 1, 2015

Screening For CVD In Men Who Present With ED Can Be A Cost-Effective Intervention For Secondary Prevention Of Both Conditions.

Renal and Urology News (4/1, Charnow) reports that research suggests “screening for cardiovascular disease (CVD) in men who present with erectile dysfunction (ED) can be a cost-effective intervention for the secondary prevention of both conditions.” The findings were published online in the Journal of Sexual Medicine.

March 25, 2015

Achieving Normal Erectile Function After Radical Prostatectomy May Be Rare.

Renal and Urology News (3/25) reports that a study presented at the European Association of Urology 2015 congress suggests that “achieving normal erectile function after radical prostatectomy (RP) is a rare event.” Investigators found that just “6.7% of RP patients reported that their erections were as good 2 years after RP as before,” although “23.3% received the same” International Index of Erectile Function questionnaire “scores pre- and post-surgery.”
Educational Calendar

Raouf Seyam

1-3 October, 2015
IX Congress of the international Society of men's health and aging (ISSAM)
Prague, Czech Republic
issammem@kenes.com
issam.pro

9-10 October, 2015
IV Congress Of Medical Sexology (WAMS)
Hotel JW Marriott, Miami, Fl, USA
www.miami2015.org/

9-11 October, 2015
The International Society For The Study of Women's Sexual Health (ISSWSH) Fall Course 2015
DoubleTree Hilton Hotel, Scottsdale, AZ, USA
www.isswhcourse.org/isswh-fall-course-2015/welcome-message

15-17 October, 2015
3rd Biennial Meeting of the Middle East Society for Sexual Medicine (MESSM)
Cairo, Egypt
office@messm.org
www.messm.org

15-18 October, 2015
35th Congress of the Société Internationale d'Urologie
Melbourne, Australia
www.siu-urology.org/congress
info@siu-urology.org

16 October, 2015
Society for Sex Therapy and Research (SSTAR) 2015
Fall Clinical Case Conference
Broadway Millennium Hotel, New York, NY, USA
www.sstarnet.org/meeting.php

17-21 October, 2015
71st Annual Meeting of the American Society for Reproductive Medicine (ASRM)
Baltimore, MD, USA
asrm@asrm.org

3-6 November, 2015
12th Annual Arab Association of Urology (AAU)
Congress and 9th Jordanian Association of Urological Surgeons Conference
Amman, Jordan
aau2015.com

5-7 November, 2015
Emirates International Urological Conference (EUSC 2015)
Dubai - United Arab Emirates
eus@emiratesurologicalsociety.com
eusc2015.org

19-22 November, 2015
21st Annual Fall Scientific Meeting of SMSNA
Las Vegas, NV
info@smsna.org
www.smsna.org

30 November - 4 December, 2015
National congress of the Egyptian Association of Urology
Cairo - Egypt
info@uro-egypt.com
uro-egypt.com

27-29 Nov, 2015
African Society for Sexual Medicine (ASSM) Congress
Elangeni Hotel, Durban, Kwazulu-Natal, South Africa
office@assmweb.org

1-4 December, 2015
1st Global Men's Health Summit and Update Course
Panama - Rep. of Panama
ingrid@generaciond.com

2-4 December, 2015
King Faisal Specialist Hospital and Research Center
Forum on Reproductive and Sexual Medicine
Riyadh, Kingdom of Saudi Arabia
bneri99@kfshrc.edu.sa

4-6 December, 2015
American Society for Men's Health (ASMH ) Annual Meeting
Crystal Gateway Marriott, Arlington, VA
www.asmhnet.org/annual-meeting

5-6 Dec, 2015
2nd Biennial Meeting of the South Asian Society for Sexual Medicine (SASSM)
Dhaka, Bangladesh
www.sassm2015.com

3 Feb, 2016
3 Feb, 2016
ECPS Exam 2016 (EFS & ESSM Certified Psycho-Sexologist)
Madrid, Spain
www.essm.org/education/certifications/efs-essm-certified-psycho-sexologist-ecps/

4-6 Feb, 2016
18th Congress of the European Society for Sexual Medicine
Madrid, Spain
admin@essm.org
www.essm.org

25-28 Feb, 2016
International Society for the Study of Women's Sexual Health (ISSWSH) Annual Meeting 2016
Charleston, SC, USA
info@isswsh.org
www.isswshmeeting.org/

26-29 February, 2016
Men's Health World Congress 2016 - India
office@ismh.org
www.ismh.org/en/index.cfm

11-15 March, 2016
31st Annual EAU Congress
Munich - Germany
info@eau16.org
eau16.org

14-17 Apr, 2016
The Society for Sex Therapy and Research (SSTAR) 2016 Annual Meeting
Chicago, USA
info@sstarnet.org
www.sstarnet.org/

6-10 May, 2016
Annual AUA Meeting 2016
San Diego (CA) - USA
aua@AUAnet.org
auanet.org

25-28 May, 2016
13th Congress of the European Federation of Sexology (EFS)
Dubrovnik, Croatia
web.aimgroupinternational.com/2016/efs/
www.aimgroupinternational.com

16-19 July, 2016
49th Annual Meeting of the Society for the Study of Reproduction (SSR) 2016 Annual Meeting
Systems Biology of Reproduction
Sheraton San Diego Hotel & Marina, San Diego, CA
www.ssrm.org/16meeting

22-25 September, 2016
20th World Meeting on Sexual Medicine
Beijing, China
www.wmsm.org
www.issm.info/events

20-23 October, 2016
36th Congress of the Société Internationale d'Urologie (SIU)
Buenos Aires - Argentina
congress@siucongress.org
siu-urology.org