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Preliminary results of the Subang men's health study: a randomised urban community-based study in Malaysia

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Introduction and Aim: The Subang Men's Health Study assessed the health and disease parameters in an urban Malaysian population of men aged 40 years and above. Preliminary data are reported. **Materials and Methods:** 1 046 men aged ≥ 40 years were randomly selected from Subang Jaya and Kelana Jaya, two urban areas in Malaysia, based on the 2004 electoral roll. The participants were interviewed by trained doctors for comorbidities and basic health parameters. Height, weight, waist circumference and blood pressure were taken. Self-administered IIEF-5 and IPSS questionnaires together with biochemical tests, which include fasting blood sugar, lipid profile, total testosterone and PSA, were taken. **Results:** The response rate was 62.8%. The mean age of the participants was 55.9 ± 9.4 (range 41–93) years and the ethnic distribution was: Malay 34.0%, Chinese 49.2%, Indians 15.1%. The prevalence of abnormal health parameters include: 52% BMI ≥ 25 , 56.6% waist circumference ≥ 90 cm, smoker 17.6%, consumed alcohol 13.0%. The prevalence rates of self-reported diseases were: hypertension 31.4%, diabetes mellitus 14.3%, coronary heart disease 12.0%, prostate problem 8.0%, ED 21.0%. The prevalence of mild to severe ED (based on IIEF-5) was 59.4% and that of moderate to severe LUTS (based on IPSS) was 27.2%. Biochemically, more than 80% had abnormal lipids, 29.5% impaired fasting blood glucose (≥ 5.6 nmol/L), 18.5% low testosterone (< 11 nmol/L) and 9.3% abnormal PSA (≥ 4 ng/mL). **Conclusion:** Urban Malaysian men harbour tremendously high health burden. These findings highlighted an urgent need for male-oriented health education and programmes.

Prevalence of erectile dysfunction among patients with ischemic heart disease in a teaching hospital in

Malaysia

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Aim: To study the prevalence of erectile dysfunction (ED) among patients with established coronary artery disease in a teaching hospital in Malaysia. **Materials and Methods:** 510 men participated in this study were randomly recruited from those attending the cardiology clinic in the University of Malaya Medical Centre, Kuala Lumpur. They were then asked to fill out the abridged five-item version of the International Index of Erectile Function (IIEF-5). IIEF-5 in different languages was used to suit the multiethnic groups. **Results:** Mean age was 60.4 ± 9.6 years (range 36–92 years). Using IIEF-5, 90.4% (461) of respondents reported some degree of ED. 24.5% have mild ED; 32.2% have moderate ED and 33.7% have severe ED. The prevalence of ED increased from 55.6% of men below 40 years old; 78.9% of men in their 40s, 88.2% of men in their 50s; 94.9% of men in their 60s and 95.9% of men above 70 years old. The prevalence of severe ED increased from 5.3% of men below 50 years old to 19.4% of men in their 50s; 39.2% of men in their 60s and 67.3% of men above 70 years old. There was no significant association between ethnicity and IIEF-5 ($\chi^2 = 6.15$, df 9, NS). **Conclusion:** ED is common among men with ischemic heart disease. Prevalence and severity of ED increased significantly in men above the age of 50 years old. Ethnicity was not a predictor for ED.

Impact of chronic diseases on erectile dysfunction in men with ischemic heart disease

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Aim: To study the prevalence of erectile dysfunction (ED) among patients with ischemic heart disease in a teaching hospital in Malaysia and its association with chronic diseases. **Materials and Methods:** 510 male with ischemic heart disease were randomly recruited from those attending the cardiology clinic in the University Malaya Medical Centre, Kuala Lumpur. The IIEF-5 was used for assessment of ED. Chronic diseases were diabetes, hypertension and hyperlipidemia. **Results:** Mean age was

60.5 ± 9.5 years (range 36–92). 90.4% (461) of men reported some degree of ED. The self-reported prevalence of diabetes, hypertension and hyperlipidemia was 41.6%, 64.5% and 39.6%, respectively. 34.3% have both diabetes and hypertension. Diabetes (OR: 3.50, CI: 1.69–7.38, $\chi^2 = 12.01$, $P = 0.0001$) and hypertension (OR: 2.45, CI: 1.35–4.44, $\chi^2 = 9.11$, $P = 0.003$) were significant predictors of ED. When diabetes and hypertension are present together, the OR for ED was 3.18, CI, 1.21–8.35, $\chi^2 = 6.06$, $P = 0.014$. Hyperlipidemia was not a predictor of ED. Using logistic regression, diabetes is shown to be a predictor of ED (OR: 2.88, CI: 1.31–6.31, $P = 0.008$), if adjusted for age, diabetes and hypertension. **Conclusion:** Men with ischemic heart disease who have diabetes are 2.8 times more likely to suffer from ED. Hypertension is also an important factor.

Does the prevalence of erectile dysfunction increase in men with the severity of coronary artery disease?

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Aim: To study the prevalence of erectile dysfunction (ED) among patients with established coronary artery disease in a teaching hospital in Malaysia. **Materials and Methods:** 510 male men with established ischemic heart disease (IHD) were randomly recruited from those attending the cardiology clinic in the University Malaya Medical Centre, Kuala Lumpur. They either had coronary artery bypass surgery (CABG) done or have angiographic evidence IHD. The IIEF-5 was used to assess ED. **Results:** Mean age was 60.5 ± 9.5 years (range 36–92 years). 17% (87) of the respondents had CABG done. The prevalence of ED in this group of patients was 90.8% (OR: 1.06, CI: 0.48–2.35, $\chi^2 = 0.02$, NS). 43.3% (221) of the respondents had single vessel disease on angiography, 12% (61) had two vessel disease and 4.9% (25) had triple vessel disease. The prevalence of ED was 89.9% (OR: 0.85, CI: 0.47– 1.54, $\chi^2 = 0.29$, NS) in men with single vessel disease, 90.2% (OR: 0.97, CI: 0.40–2.39, $\chi^2 = 0.004$, NS) in men with double vessel disease and 88% (OR: 0.77, CI: 0.22–2.67, $\chi^2 = 0.17$, NS) in men with triple vessel disease. Multiple comparisons showed no statistical significance. **Conclusion:** The prevalence of ED was not associated with severity of coronary heart disease.

Erectile dysfunction in ischemic heart disease

patients: are drugs responsible?

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Aim: To determine the role of drugs as predictors for erectile dysfunction (ED) among patients with established ischemic heart disease in a teaching hospital in Malaysia. **Materials and Methods:** 510 men were randomly recruited from those attending the cardiology clinic in the University Malaya Medical Centre, Kuala Lumpur. The IIEF-5 was used to assess ED. The types of drugs taken by the respondents were documented and analyzed against the presence of ED. **Results:** 90.4% (461) of the men have ED, out of which 24.5% have mild ED, 32.2% have moderate ED, 33.7% have severe ED. 41.6% of the men have diabetes, 64.5% have hypertension and 39.6% have hyperlipidemia. 25.8% were on diuretics (OR: 3.91, $\chi^2 = 7.54$, $P = 0.006$), 69.2% on beta blockers (OR: 0.65, $\chi^2 = 1.47$, $P = 0.225$), 27.1% on calcium channel blockers (OR: 1.65, $\chi^2 = 1.75$, $P = 0.186$), 53.6% on angiotensin converting enzyme inhibitors (OR: 1.20, $\chi^2 = 0.38$, $P = 0.540$), 20.4% on angiotensin receptor blockers (OR: 0.99, $\chi^2 = 0.00$, $P = 0.998$), 90.9% on statins (OR: 0.21, $\chi^2 = 2.87$, $P = 0.09$), 38.4% on oral hypoglycemic agents (OHA) (OR: 3.20, $\chi^2 = 9.33$, $P = 0.002$) and 96.1% on antiplatelets (OR: 1.05, $\chi^2 = 0.004$, $P = 0.952$). By logistic regression, diuretic was a significant predictor of ED. **Conclusion:** Men with ischemic heart disease on diuretic are four times more like to have ED while those on OHA are three times more likely to have ED.

Is erectile dysfunction a predictor and marker of endothelial disease?

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Cardiovascular (CV) risk factors are commonly associated with erectile dysfunction (ED). A significant proportion of men with ED have coronary artery disease with no cardiac symptoms, and the severity of ED have been correlated with the number of occluded coronary vessels. ED has been shown to be the most efficient predictor of silent myocardial ischaemia in men with type 2 diabetes.

Endothelial dysfunction, characterised by defective

release of nitric oxide as well as other vasoactive factors from the vascular endothelium, is the pathophysiological basis of atherogenesis which results in cardiovascular disease. Deficient endothelial nitric oxide synthase activity in endothelial dysfunction also leads to impaired ability to initiate penile erection and consequently ED. There is evidence that men with ED but without clinical cardiovascular disease have a defect in endothelium-dependent and endothelium-independent vasodilatation independent of other cardiovascular risk factors before overt systemic vascular disease becomes evident. ED was shown to be the hazard for the subsequent development of cardiovascular disease.

ED is hence a predictor and marker of cardiovascular disease and underlying endothelial dysfunction. The presentation of ED should be seized as an opportunity to investigate for cardiovascular risk and endothelial disease.

Under-detection and under-treatment of common men's health problems

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Introduction: Hypertension, diabetes mellitus (DM), lower urinary tract symptoms (LUTS) and erectile dysfunction (ED) are important men's health problems. Very often, the reported prevalence rates are underestimated. **Aim:** To determine the actual and self-reported prevalence rates of these medical conditions and to find out the treatment rates among those who had been diagnosed. **Materials and Methods:** 1 046 men aged ≥ 40 years were randomly selected from Subang, an urban area in Malaysia, based on the 2004 electoral roll. Trained doctors assessed participants' blood pressure ($\geq 140/90$ mmHg), IIEF-5, IPSS and measured their fasting blood glucose (≥ 7.0 mmol/L). Actual prevalence rate was defined as the combined self-reporting and screening prevalence rates. **Results:** The response rate was 62.8%. The characteristics of men were: age 55.9 ± 9.4 (41–93) years; Malay 34.0%, Chinese 49.2%, Indians 15.1%; 52.0% BMI ≥ 25 ; 56.6% waist circumference ≥ 90 cm; 17.6% smokers; 13.0% consumed alcohol. Self reported vs. actual prevalence rates of diseases were: hypertension 31.4% vs. 50.4%, DM 14.3% vs. 17.1%, LUTS (moderate to severe) 8.0% vs. 27.2% and ED (mild to severe) 21.0% vs. 65.5%. Among those who self-reported to have hypertension, DM, LUTS and ED, 94.3%, 86.6%, 49.4% and 25.1% were currently on treatment respectively. **Conclusion:** This study highlighted the under-detection and under-

treatment of common health problems, especially LUTS and ED, among men in an urban area. There is an urgent need to strategise ways to improve men's health through screening and modifying men's health-seeking behaviour.

The impact of LUTS and ED on the quality of life of the BPH patients

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Introduction: In middle-aged and elderly men, both urinary symptoms and erectile dysfunction (ED) are more prevalent, with a subjective decrease in quality of life. However, it is not clear whether the one impacts more on the quality of life than the other. **Aim:** To prospectively evaluate the impacts of LUTS and ED on the quality of life of the BPH patients. **Materials and Methods:** From January to March, 2006, 31 patients were enrolled in the study. Their urinary symptoms, erectile function and quality of life were fully evaluated using the IPSS, IIEF and WHOQOL-BREF. All differences were assessed by linear regression analysis, multiple regression module, and Spearman coefficients for correlation between continuous variables. $P < 0.05$ was regarded as statistically significant. **Results:** In a univariate analysis, educational level, religion status, alcohol consumption, exercise status, MMSE score, insomnia status, and ED have a statistically significant impact on the domain scores of PHYSICAL CAPACITY ($P = 0.031, 0.03, 0.05, 0.04, 0.0005, 0.0001, \text{ and } 0.0009$, respectively). Educational level, income, insomnia status, and ED have a statistically significant impact on the domain scores of PSYCHOLOGICAL WELL-BEING ($P = 0.04, 0.002, 0.02, \text{ and } 0.002$, respectively). Prostate size, educational level, income, and ED statistically significant impact on the domain scores of SOCIAL RELATIONSHIP ($P = 0.05, 0.05, 0.006, \text{ and } 0.003$, respectively). Educational level, religion status, income, exercise status, MMSE score, insomnia status, and ED have a statistically significant impact on the domain scores of ENVIRONMENT ($P = 0.001, 0.05, 0.01, 0.02, 0.002, 0.01, \text{ and } 0.02$, respectively). In a multiple regression model, ED has a statistically significant impact on the domain scores of PHYSICAL CAPACITY, PSYCHOLOGICAL WELL-BEING, and ENVIRONMENT ($P = 0.02, 0.05, \text{ and } 0.04$, respectively). **Conclusion:** The study shows that the ED has more impact on the quality of life of BPH patients than the

urinary symptoms. Further large study is needed to confirm this finding.

Erectile dysfunction and prostatic disease

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Introduction: With increasing life spans, aging males have begun exhibiting greater prevalences of erectile dysfunction (ED) and prostatic diseases. **Materials and Methods:** Meta-analysis from the most large series of the literature in the recent 10 years; specially aimed for the ED and BPH, LUTS, prostatic cancer, prostatitis—we make an overview of prostate and sexuality. **Results:** Whether sexual dysfunction more prevalent in patients with BPH/LUTS is because of a common underlying pathology leading to reduced sexual functioning, remains to be elucidated. Our result suggested that some treatments for BPH may affect sexual function. Different surgical treatments have different effects on sexual function, and each class of drug has a unique effect on sexual function. Clinical trials have indicated that the 5-reductase is associated with a negative effect on sexual functioning: decreased libido (2–10%), ED (3–16%), ejaculatory disorders (0–8%) By contrast, α 1-antagonists have no negative effects on sexual desire or ED. Abnormal ejaculation had been reported in 4% to 11% of patients; < 1% of patients discontinued because of this adverse event. For prostatectomy in prostate cancer, recovery of erections occurs in 68% of preoperatively potent men treated with bilateral nerve-sparing surgery and in 47% of those treated with unilateral nerve-sparing surgery. Most patients of prostatitis and prostatodynia are potent and the disorder in sexual function consists of painful ejaculations, whether sexual inactivity helps one to recover from chronic prostatitis is uncertain. **Discussion:** Evaluation of sexual function in BPH and other prostatic diseases patients seems to be more important for andrologists to deal with the aging patients. Taking sexuality into account in the therapeutic strategy of prostatic diseases is absolutely indicated. Prostatic diseases and their treatment invariably interfere with patients' sexuality.

Relationship between knowledge and attitude with social and economical conditions about AIDS in the secondary school boys and girls in Bandar Abbas city (Iran)

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Introduction: AIDS is one of the most problems in the world today. Statistics show that there is more than thirteen thousands case of AIDS in Iran. **Aim:** To find relationship between attitudes of students consistent with socio-economical issue about AIDS. **Materials and Methods:** This correlation research study two types of variables. Two hundreds secondary students were selected randomly from the secondary students of Bandar Abbas city. Two researcher make questionnaire validated by specialists were used. Pearson correlation and phi statistical method were used for analysis of data. **Results:** Findings show that there is significant relationship between knowledge of students and socio-economical conditions. Also, there is significant relationship between attitude and socio-economical condition. **Discussion:** Awareness degree of the relationship between knowledge and attitude about AIDS will lead us to the fact that increasing the knowledge level of students will improve their attitude about AIDS. Also, considering the variable of socio-economical situation, the increase of awareness various socio-economical improves the attitude of them.

Initial approach to a patient with oligoasthenospermia

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Introduction: Oligospermia, or decreased sperm count (< 20 million per mL), is frequently associated with decreased sperm motility (< 50% A + B motility) and abnormal sperm morphology (< 15% by strict criteria) and is consequently referred to as oligoasthenoteratospermia (OATS). **Materials and Methods:** Evaluation of OATS involves a thorough history and physical examination, repeated semen analysis, and special tests like scrotal Doppler, hormonal assay and Yq microdeletion analysis, when indicated. However in a significant number of cases, no definitive cause is found and such cases are labeled as 'idiopathic' OATS. **Results:** OATS may occur in normal individuals after stress, fever and exposure to high temperatures and should always be re-confirmed by a repeat semen analysis after 4–6 weeks, prior to subjecting the patient to an extensive evaluation. Varicocele

and idiopathic OATS are the two most common varieties. Other causes include environmental toxins, undescended testes and genetic factors. **Conclusion:** A stepwise approach to a patient with OATS allows an efficient use of the available investigations and the formulation of an appropriate management plan. In OATS men with clinically detectable varicocele, microsurgical inguinal/subinguinal varicocele ligation is the gold standard of treatment due to its highest success rates, least chances of recurrence and minimal complication rates. Patients with idiopathic OATS may best be suited for assisted reproductive techniques like IUI and IVF and should be offered these modalities after a short trial of empirical medications

Initial approach to a patient with azoospermia

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Introduction: Azoospermia, or absence of sperms in semen occurs in up to 20–25% of infertile men and can be classified as obstructive or non-obstructive. **Aim:** To elucidate a stepwise approach to evaluate a patient with azoospermia in order to formulate an appropriate individualized treatment strategy. **Materials and Methods:** Evaluation of an azoospermic patient involves a thorough history and physical examination, semen analysis, hormonal evaluation, FNA of testes and special tests like trans-rectal ultrasound and chromosomal/Yq microdeletion analysis, when indicated. The indications and implications of each are reviewed. **Results:** The most common cause of obstructive azoospermia in India is an idiopathic block in the region of the junction between the epididymis and the vas deferens. In some cases however, it may be related to iatrogenic injury during hydrocelectomy or hernia repair. Other causes include a congenital absence of vas deferens, a previous vasectomy or ejaculatory duct obstruction. Non-obstructive azoospermia can occur due to a genetic anomaly, infections, environmental toxins and damage from radiation/chemotherapeutic agents. **Conclusion:** The use of a systematic approach can efficiently distinguish the two broad categories of azoospermia and help to decide the best treatment. In patients with obstructive azoospermia due to epididymal block, microsurgical single tubule vasoepididymostomy via the two-stitch intussusception technique has been demonstrated, in Indian conditions, to yield patency rates of ~50% and is an established treatment for this condition. Testicular sperm retrieval fol-

lowed by ICSI may be successful in 40–50% of patients with non-obstructive azoospermia who have areas of focal spermatogenesis in their testes.

Role of transrectal ultrasound in stratifying CBAVD patients

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Introduction: Often transrectal ultrasound (TRUS) is used to diagnose and confirm congenital bilateral absence of vas deferens (CBAVD). However TRUS might add to our confusion when we find seminal vesical (SV) like structures on imaging, in a subgroup of patients. Often these patients did not have a family or a personal history of cystic fibrosis. We felt that CBAVD patients, without cystic fibrosis, represent a heterogenous population, who need different approaches in diagnosis and management. **Materials and Methods:** Between 1998 and 2004, 52 men with clinically diagnosed CBAVD (nonpalpable vasa bilaterally with palpable epididymal head), underwent TRUS, semen examinations (low volume, azoospermia and absent fructose) and KUB-USG (for renal anomalies). **Results:** SV-like structures were seen unilaterally in 23 (44.2%) and bilaterally in 9 (17.3%) patients. Most ($n = 27$) of these patients had hypoplastic or normal sized SV. On the other hand, 11 (21.1%) of all CBAVD, patients had renal anomalies. Nine (81.8%) of these patients had concomitant SV/ ejaculatory duct (Ej.D) anomalies. Seven of these 11 patients had unilateral nonvisualized kidneys. None of our patients had a history suggestive of cystic fibrosis. **Discussion:** CBAVD patients with SV and/or Ej.D anomalies often have concomitant renal anomalies suggesting Wolffian duct developmental abnormality. However, patients with SV/Ej.D seen on TRUS often have no renal anomalies suggesting a non Wolffian group. TRUS and KUB-USG are excellent in subdividing this patient population. These patients with different findings on imaging might need different approaches in tackling their infertility treatment.

Mobile phones & male infertility: critical evaluation of current evidence

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Introduction: A lot of controversy has been generated by recent reports showing a deleterious effect of mobile phone usage on seminal parameters. These have created a flurry of interest in the media with a section of the scientific community and the mobile phone industry expressing dramatically opposite views on this subject.

Material and methods: A review of the rationale and current scientific evidence along with the postulated mechanisms of the deleterious effect of mobile phones on the fertility status in men was performed by analyzing the currently available studies that have been presented or published.

Results: Electromagnetic waves produced by mobile phones can cause damage through both thermal and non-thermal effects. Many animal studies that show a wide range of damaging effects on the semen parameters, including DNA damage in the reproductive cells, have been published. However, similar studies are quite limited in humans, and the results of animal studies should be interpreted with caution when considering their application to humans. **Conclusion:** Though they are still far from providing conclusive evidence, these studies do raise a concern with regards to mobile phone electromagnetic radiation. This issue however, can only be settled by controlled trials performed on a much larger scale than done so far.

Inner preputial flap in management of neglected/untreated old cases of fracture penis

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Introduction: Neglected and complicated cases of fracture penis lead to chordee, painful erection and painful coitus due to fibrous plaque at the site of rupture of corpora cavernosa. Various tunica replacement grafts are dermal, free fat, tunica vaginalis, temporalis fascia, knitted polypropylene and lyophilized human dura with associated complications like aneurysmal dilatation, contracture of the graft and foreign body reaction. **Aim:** To assess the efficacy of inner preputial skin flap as a replacement of the tunica in such cases. **Materials and Methods:** Seven untreated/ conservatively treated cases of fracture penis presented to us with chordee, painful erection and/or painful coitus. One of the patients had ipsi-lateral fracture twice in 28 months. In two patients soft tissue X-ray showed opacification in the area of plaque suggestive of calcification. In six patients the plaque was excised and the resulting gap in tunica al-

buginea was covered with re-suturing of tunica albuginea in three patients and by inner preputial pedicle skin flap in three patients. The seventh patient who refused for surgery was managed conservatively. **Results:** Inner preputial flap was taken well without any complication in all cases. During follow-up visits at one month, three month, six month and one year of surgery all these patients reported having painless erection and sexual intercourse. **Discussion:** Inner preputial flap is vascularized, hairless, has a good strength, little chances of graft contracture, and is being taken up easily with an additional advantage of being taken from same site of operation.

Phalloplasty—is it necessary?

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Introduction and Aim: Genital size has been a source of concern and anxiety in many men. Many men feel a need to enlarge the penis in order to improve their self esteem and to satisfy the partner. The currently available procedures to enhance penile appearance do not provide very satisfying results. The author wants to share his limited experience in phalloplasty. **Materials and Methods:** Four patients underwent penile lengthening by V-Y plasty. The mean age of these patients was 32 years (25 to 38 years). The average gain in length was 2 cm (range from 1.5 cm to 3 cm). Two patients underwent penile girth enhancement by free dermal fat graft. The mean age was 45 years and increase in diameter was 4.5 cm (5 cm and 4 cm). **Results:** Of the four patients who had penile lengthening procedure three had penile oedema lasting for two to three months, one had scarring of the wound due to wound dehiscence and secondary healing. Both patients who underwent penile broadening were satisfied with the result. They wished that glans diameter could also be increased. Of the four patients who underwent penile lengthening procedure two were very satisfied, one was satisfied and one was unhappy with the gain in length (not up to his expectation). **Discussion:** Phalloplasty procedures are useful in selecting group of patients who are very worried about their phallus appearance.

Objective evaluation of erectile dysfunction—using Rigiscan/VSS test/Sildenafil test—an experience

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Introduction: Rigiscan plus is an ambulatory non-invasive monitoring device which collects, stores and evaluates data of penile rigidity and tumescence. Monitoring can be done either during sleep (nocturnal) or during daytime (real time). **Materials and Methods:** 135 patients, aged 20 to 50 years were studied. After standard questionnaire and detailed physical examination they were categorized into 3 groups. Group A: 85 patients having various sexual myths, performance anxiety, etc. Group B: 32 patients having marital problems, un consummated marriage, marital dispute, or divorced. Group C: 18 patients having diabetes or other organic problems. Real time monitoring with rigiscan was done, 2 hours after consumption of tablet Sildenafil 50 mg with visual sexual stimulation (VSS). If there was no erection the dose of tablet Sildenafil increased to 100 mg at the same time or in the next sitting. Result was classified into 3 groups: 1. Good, sustained erection; 2. Unstable erection; 3. Poor erection. **Results:** Group A: 55 of 85 patients had very good erection, 22 had unstable erections and 8 patients did not show any response. With 100 mg sildenafil in remaining 30 patients, 15 had shown good erections, 10 had unstable erections and 5 had no erection. Group B: 10 of 32 patients had good erections with 50 mg of table sildenafil. With 100 mg sildenafil 12 of 22 patients had unstable erection and 10 had no erection. Group C: 6 of 18 patients had unstable erections while remaining 12 had no erections. With 100 mg 4 men had good erections. **Discussion:** This test provide objective evaluation of ED and is less time-consuming and cheaper than NPT.

Anejaculatory orgasm: dilemmas in management

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Introduction and Aim: An orgasm with no release of semen is a distressing condition for the young male; more so when it is associated with infertility. We reviewed our recent series of anejaculatory orgasm and their management. **Materials and Methods:** Patients presenting with primary anejaculation and those encountered during evaluation for primary infertility were included. Males with failure to collect semen specimen were the largest group (4 patients) followed by odynospemia (2 patients), haematospermia (2 patients) and dry orgasm

as reported by partner and one patient had persistent dribble of semen commencing after a lag phase of few minutes after orgasm. All patients were evaluated for their ejaculatory failure and managed on case basis. All had post ejaculate urine specimen negative for spermatozoa. **Results:** Evaluation revealed 1) Bilateral seminal vesicle (SV) abscess in one patient; 2) Unilateral seminal vesicle abscess with a contra lateral seminal vesicle agenesis, bilateral ejaculatory duct obstruction; 3) Hyper viscous semen in one; 4) Two cases had previous history of bilateral vasectomy. Patients underwent transurethral resection of ejaculatory ducts, Deroofing of SV abscess, marsupialisation of the SV abscess and rest were managed conservatively. **Conclusion:** Anejaculatory orgasm is a difficult management dilemma, especially if associated with primary infertility. There is a surprising lack of international literature related to these disorders. Also surprising there is a lack of terminologies to describe these conditions for e.g. anejaculatory painful orgasm. International consensus is required to recognize the conditions and for them to be named appropriately.

The impact of premature ejaculation on the partners' sexual function

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Introduction and Aim: Interest in partners' satisfaction and sexual function is increasing in recent years because of the advent of medical treatment. However, a lot of the studies are focused on the male erectile function. We tried to evaluate the impact of premature ejaculation on the partners' sexual function. **Materials and Methods:** From August 2005 to March 2006, a case-controlled study was conducted in our center. The partners' sexual function was evaluated by the female sexual function index (FSFI). All differences were assessed by linear regression analysis, Chi-square test and Fisher's exact test, and multiple regression module. Correlation between continuous variables for the whole group used Spearman coefficients. $P < 0.05$ was regarded as statistically significant. **Results:** There is difference in educational level, having a job or not, smoking status, alcohol consumption, night sleeping time, and afternoon sleeping time between PE and non-premature ejaculation partners' group. By univariate analysis, the domain score of lubrication, orgasm, satisfaction and total score of fe-

male sexual function index are statistically significantly different between the PE and non-PE partners' group ($P = 0.012, 0.0022, 0.0001$ and 0.015 respectively), while the domain score of desire, arousal are not statistically significantly different. Adjusted for confounding factors, the domain score of orgasm and satisfaction remain statistically significantly different between the PE and non-PE partners' group ($P = 0.02$ and 0.0002 respectively). **Conclusion:** The study shows that the partners of males without premature ejaculation have higher domain score of orgasm and satisfaction than the partners of males with premature ejaculation. Treatment of males with premature ejaculation may improve the partners' sexual orgasm and satisfaction.

Inhibition of rat phosphodiesterase-5 gene expression in human embryonic kidney 293 cell line by cotransfecting expression vectors of rat PDE5 cDNA and targeted siRNAs

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Aim: To study the inhibition of the expression of rat phosphodiesterase-5 (*PDE5*) gene by cotransfecting specific siRNA plasmids and a coexpression vector, in which *PDE5* cDNA and EGFP cDNA are linked by an internal ribosome entry site(IRES) sequences, and to explore the feasibility of gene therapy for erectile dysfunction (ED). **Materials and Methods:** *PDE5* gene was cloned from the primary cultured rat cavernous smooth muscle cells (CSMCs) via RT-PCR. The sequences of six small interfering RNAs (siRNAs) targeting *PDE5* gene were designed, synthesized and subcloned into pGenesil-1 expression vector respectively to construct six recombinant plasmids, named siRNA 1, 2, 3, 4, 5, 6 sequentially. *PDE5* expression cassette was further subcloned into pIRES2-EGFP, which bears an enhanced green fluorescent protein (EGFP) coding CDS, and was then named pIRES2-EGFP-*PDE5*. Forty-eight hours after cotransfecting siRNAs plasmid and pIRES2-EGFP-*PDE5* into HEK293A cells, fluorescence was observed and the inhibition efficiency of the expression of rat *PDE5* was detected by RT-PCR and Western blot. **Results:** siRNAs and pIRES2-EGFP-*PDE5* were identified by endo-nuclease digestion and confirmed by sequencing. Green fluorescence observation showed that the EGFP level in cells which cotransfected with specific siRNA expression plasmids

obviously weaker than control group. Further examination through RT-PCR and Western blot indicated that the highest inhibition ratio of *PDE5* mRNA and protein by siRNA 4 was up to 68.59% and 71.25% ($P < 0.01$) respectively, and the second significant one by siRNA 6 reached 55.02% and 65.09% ($P < 0.01$). **Conclusion:** Targeted siRNA plasmids and pIRES2-EGFP-*PDE5* were successfully constructed and cotransfected into HEK293A cells. The expression of rat *PDE5* gene in HEK293A could be significantly decreased by RNA interference. Therefore, RNAi may serve as a potential treatment for ED gene therapy.

Determination of the mean age of menopause and its distribution in terms of known variables in Kerman, Iran

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Aim: To determine the mean age of menopause and related factors in Kerman province. **Materials and Methods:** The sample included 2 000 of families which chosen by clustering Method, and the women of 40-60 years were studied. The women who had not become menopause physiologically were omitted. So the sample size decreased to 224 (102 urban, 122 rural). The data was collected by questionnaire. The mean age of menopause for the whole population was 48 years and this characteristic for the physiological menopause was 48.4. **Results:** The results showed that the being urban versus rural, occupation, education, husband's occupation, gravida, parities, abortions and children made no significant effect on mean age of menopause. Also, it showed that there was no correlation between age of first gravida and age of menopause, but if the last gravida was after 45 years it could delay the menopause significantly ($P < 0.01$). Long term oral contraceptives usage delayed menopause ($P < 0.01$). There was no significant difference between smoking and menopause age. The mean age of those women who had gynecological operations was less than the others. Finally, the mean age of menopause in this region is less than the international reports.

Correlation of androgen deficiency with clinical symptoms in Taiwan males

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Aim: To elucidate correlations between different biochemical measurements of androgen deficiency and clinical symptoms in male residents of Taiwan. **Materials and Methods:** An investigation of the serum biochemical markers for androgen deficiency in 650 males, including total testosterone, calculated free testosterone, and bioavailable testosterone, was conducted. Measurements of clinical symptoms were obtained using a questionnaire of the androgen deficiency in the aging male (ADAM) by St Louis University (SLQ). Correlations among the biochemical markers, correlations of the biochemical markers and age, and relationships between the biochemical markers and the SLQ were evaluated. The sensitivity and specificity of the SLQ were determined. **Results:** Bioavailable and calculated free testosterone correlated better with age than did total testosterone. Eighty percent of the men had a positive SLQ, and 20% had a negative SLQ. The percentage of positive SLQ results increased with age. No statistically significant difference was noted between the biochemical markers of bioavailable and calculated free testosterone levels and the SLQ status except for men aged over 70 years. **Discussion:** The SLQ in this study showed an acceptable sensitivity of about 80%, but the specificity was poor (about 20%). In conclusion, bioavailable testosterone and calculated free testosterone were more-closely correlated with age and may be better biochemical markers for androgen deficiency. SLQ might not be a suitable single measurement for androgen deficiency and should be used together with biochemical markers.

The association between hypogonadism, quality of life and erectile dysfunction among the middle-aged and aged male in Taiwan

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Aim: To evaluate the association between hypogonadism, quality of life (QoL) and erectile dysfunction among the middle-aged and aged male in Taiwan. **Materials and Methods:** A total of 680 study subjects aged equal and greater than 40 years old were recruited from northern ($n = 276$), middle ($n = 238$), and southern ($n = 202$)

Taiwan, respectively. Erectile dysfunction (ED) was diagnosed by score of International Index of Erectile Function (IIEF-5). Taiwan version questionnaire for QoL includes domain 1 (physical domain), domain 2 (psychological domain), domain 3 (social relationship domain), domain 4 (environmental domain) was used to measure QoL. Blood hormones included FSH, LH, Prolactin, SHBG, total testosterone (TT), calculated free testosterone (cFT), and bioavailable testosterone (Bio-T) were determined. Logistic regression analysis was used to estimate crude and multivariate-adjusted odds ratio of risk factors and its 95% confidence interval. **Results:** A significantly inverse association between concentration of serum cFT and Bio-T, and severity of ED was observed. Scores of QoL of Domain 1 to 4 were significantly decreased with the increment of severity of ED. Significant correlations were found between IIEF scores and four Domains of QoL respectively. After adjustment for age, cFT and Bio-T, study subjects with ED (IIEF Q21) would have significantly high risk of low level of QoL in four domains. **Conclusion:** A significant association between low levels of serum calculated cFT, Bio-T and severity of ED was found. In addition, abnormal erectile function significantly associated with low level of QoL in four domains.

Aging males symptoms (AMS) scale and androgen deficiency

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Introduction: Aging males symptoms (AMS) was designed for assessing aging male symptoms and its severity. Controversy exists on correlation of AMS score and testosterone level. **Aim:** To determine correlation of aging male symptoms with testosterone level, and androgen deficiency. **Materials and Methods:** A community based study was conducted in Klang Valley, Malaysia. 500 urbanized men, aged > 50 years, were randomly selected from the electoral list. 351 men participated (70% response rate). One-to-one interview was conducted using structured questionnaires including demographic data, AMS, and St Louis Androgen Deficiency in Aging Male (ADAM) scale. Total testosterone levels were measured. **Results:** Mean age of men was 58 years (SD = 7, 50-93). Mean total AMS score was 30.8 (SD = 8.98),

mean AMS score of psychological domain was 8.0 (SD = 3.2, mild impairment), somatovegetative domain was 12.8 (SD = 3.9, mild impairment) and sexual domain was 10.0 (SD = 3.8, moderate impairment). 89 (25.4%) scored positive with ADAM. There was 67 (19.1%) men with total testosterone level of < 11 nmol/L. Age was not significantly correlated to AMS score ($P = 0.052$). Total AMS score was negatively correlated with total testosterone level ($r = -0.126$, $P = 0.018$). Mean total AMS score of ADAM positive men (37.78) was significantly higher than ADAM negative men (28.49, $t = -9.423$, $P < 0.001$). Similarly, mean AMS score of men with total testosterone < 11 nmol/L (33.33) was significantly higher than those with normal testosterone level (30.26, $t = -2.286$, $P = 0.025$). **Conclusion:** This cohort of aging men had impairment in all domains of AMS scale especially the sexual domain. AMS correlated well with ADAM and testosterone level. It may be used to indicate androgen deficiency.

The association of hypogonadism and erectile dysfunction with the metabolic syndrome

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Introduction: There is increasing evidence that hypogonadism is a risk factor for visceral obesity and insulin resistance. Metabolic syndrome (MS) is characterized by both of these factors. Erectile dysfunction (ED) is also an independent cardiovascular risk factor. **Aim:** To determine the association between hypogonadism and ED with MS. **Materials and Methods:** We conducted a community-based survey of 1 046 men aged > 40 years in the highly urbanized Klang Valley, Malaysia. We measured the participants' waist circumference, blood pressure, fasting blood sugar, lipids and total testosterone. We also screened for ED using IIEF-5 and interviewed them for self-reported diabetes mellitus, hypertension and ED. **Results:** The response rate was 62.8%. The prevalence of MS using the NCEP ATP III and IDF criteria were 32.9% and 29.6% respectively. The prevalence of hypogonadism (total testosterone < 11 nmol/L) was 19.1%; self-reported ED and moderate to severe ED were 21.0% and 22.3% respectively. A significantly higher propor-

tion of men with MS had hypogonadism compared to those without MS (NCEP MS 26.7% vs. 14.6%; IDF MS 28.3% vs. 14.3%, $P < 0.001$). Similarly, this association was observed for ED, including both self-reported ED (NCEP MS 32.2% vs. 15.5%; IDF MS 31.4% vs. 16.8%, $P < 0.001$) and moderate to severe ED based on IIEF-5 (NCEP MS 32.7% vs. 16.6%; IDF MS 32.5% vs. 17.4%, $P < 0.001$). **Conclusion:** This study confirmed the association between hypogonadism and ED with MS. The presence of either a low testosterone level or ED should alert practitioners to screen for MS and its attendant cardiovascular risks factors.

Sexual health and the aging men: findings from a cross-sectional study

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Aim: To examine the self-reported erectile problem among men and their help-seeking behavior. **Materials and Methods:** A cross-sectional survey of 351 men above 50 years old, selected randomly was carried out in Klang Valley, Malaysia. Demographic information was obtained. Questions regarding presence of erectile problem, help-seeking behavior and treatment sought were asked. **Results:** Response rate was 70.2%. Some 26.78% ($n = 94$) men reported having difficulty with erection. Mean age (61 ± 8 years). Some 43.6% have spoken to someone about their difficulty: 56.09% spoke to spouse, family members (2.43%), friend (34.15%), religious authorities (4.88%), and others (telephone helpline, internet chat groups) (4.88%). Only 30.9% ($n = 29$) had initiated consultation with their doctor, whereas, only 13.8% doctors raised the issue with the men. Among the 69.1% ($n = 65$) men who did not consult a doctor, reasons were: ED due to medication (80%), normal part of aging (78.46%), embarrassment (43%), due to health condition (35.38%), problem not as important to them (24.61%), not comfortable talking about it (23.08%), problem is temporary (21.54%) and 16.92% of them could not afford the treatment. Significant difference ($P \leq 0.0001$) was observed between the time they first experienced erectile problem (3.51 ± 2.73 years) and the time they consulted a doctor (2.57 ± 2.76 years). Some 20.4% had ever used Viagra, Tongkat Ali (19.32%), traditional Chinese medicine (7.95%) and others. Current used were 4.54% Viagra and 6.06% Tongkat Ali. **Conclusion:** Self-reported erectile problem among aging men is common. Aging men needs help with their problem, but healthcare providers are not

offering it.

The VIBGYOR concept in sexual performance

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Introduction: Light spectrum has 7 colours-Violet, Indigo, Blue, Green, Yellow, Orange and Red (VIBGYOR) derived from white light. Time compared with coloured-background-VIB-colour shades seen from evening to late night before early morning. [Evening-dark blue, Night-indigo, Late night-dark violet] GYOR- shades seen in blue sky from early morning to pre-evening. **Materials and Methods:** 35 subjects had sex in different coloured backgrounds using coloured-curtains, cloths, walls, papers, etc. **Results:** ROY distracted subjects from sex and masturbation, red had maximum distraction than orange and yellow. VIB did not distract much, subjects concentrated more on sex and masturbation. The results revealed that the distraction impact on sex decreased from red to violet. VIB background favoured performance. Green had middle effect. VIB-parasympathetic action. more erection, sexually arousing, BP unraised, relaxed muscles, soothing, calming, cooling, good performance, lasts long, nightfall noticed. ROY-sympathetic action. Increase in-anger, excitement, tension & distraction. Red in particular-increased BP, premature-ejaculation, anger, alertness, irritability, sweating, headache and decreased blood flow to penis, decreased performance, not lasted long. If 7 VIBGYOR mixed produces White-proved neutral. Black also favoured sex. Even during nightfall there is a coloured background. **Discussion:** Maximum sex occurs in night universally in world, supporting the VIBGYOR-concept in sexual performance, that night is blend of VIB in sky. Libido booster testosterone level starts increasing in night, possibly by VIB effect. Sex avoided in hot sunny day by YOR. Therefore sexual arousal in rainy season by VIB clouds. Sexually arousing VB sea. Ideally always a coloured background is present while doing sex.

Dance therapy for sex symphony

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Introduction: "Satyas Dance Therapy" is the grace and vigour of Indian classical and folk Dance movements into an innovative holistic therapy, dance therapy. Symphony is an orchestral presentation of music. Dance is a symphony of music and movement. Dance therapy for healthy and happy sex life is a sex symphony. Sex symphony is a well orchestral technique of touch, contact, sense and move to a rhythm of music. Certain types of body movements do have an impact on a person's overall sexual prowess and improve marital bliss. Sex symphony is not merely about lust, it is an interaction of mind, spirit and body. Sex symphony is an alternate therapy to bring healthy and happy sexual life, through a rhythmic approach. Sex is a reciprocal act and both the partners should be prepared for it. The dance form brings them together through simple eye contact and body gestures. Dance movements bring couple closer mentally, physically and spiritually. **Methods:** In order to avoid shyness among the couples and those who are not used to dance, the sex symphony is taught through movements mimicking a bird, peacock, fish, snake and characters like Radha-Krishna, Shiva-Parvathi, Rama-Sita and Rathi-Manmatha. **Results:** The dance movements tend to send vibrations within the body of the couple which makes them aroused. Dance movements stimulate the sexual hormones, improve the blood circulation to genital organs, cool down mind and body and increase the desire for sex. **Conclusion:** Sex symphony, if practiced, will work wonders and add colour to sex life.

Vaginismus: common causes and treatment method in India: clinical experience of 608 patients

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Introduction: Vaginismus is a common problem. Many couple develop psychological disorders due to the problem and many men develop secondary impotence due to failure in attempt for intercourse. **Methods:** The treatment begins with a training in deep muscles relaxation and finally, gradual dilatation of the vagina in the conscious state, to develop a full control over the muscles that have gone into spasm. **Results:** Since January 1994 to January 2006, 697 female were diagnosed to be suffering from vaginismus. Out of 697 women, 608 (aged 18–46 years) agreed to undergo treatment. All had married at least once. Education varied from 8th class to master's degree and professionals. Surprisingly, no one was illiterate. A few women had allowed the tip of the

finger to the doctor who tried to examine them earlier (but had severe pain), while many of the women had not allowed any examination in the past. In the history of all the patients one thing was common that they all felt that any thing entering the vagina would damage the vagina from inside and cause unbearable pain. Finally, all 608 women were got cured of vaginismus, a 100% success. **Conclusion:** The good news is that the treatment of vaginismus has one of the highest success rates of any female sexual dysfunction. But, to treat vaginismus is not that easy. It requires not only specialized training but also enormous patience, kindness and gentleness, too.

Unconsummation of marriage (she has the secret but he is blamed)

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Introduction: Inability or absence of penetration and ejaculation by the male in the vagina of the female is called unconsummation of marriage. **Aim:** To analyse the most common etiologies of unconsummation of marriage. **Materials and Methods:** This is a retrospective study conducted between April 1999 to March 2006. 347 couples with varied periods of unconsummation of marriage were diagnosed on the basis of detailed history, and general and genital examination. These couples were analysed for their respective etiology. **Results:** 206 female partners out of 347 couples were diagnosed to have rigid hymen. Out of 206 couples, 80% of couples presented as male partner sexual dysfunction while 20% presented primarily as rigid hymen. **Conclusion:** Unconsummation of marriage is not a rare condition. Even though female has the problem (rigid hymen), because of the ignorance, most of the time the male is blamed. In 60% of the couples presenting with unconsummation of marriage the problem is due to rigid hymen.

Sexual techniques in long-term catheterised males by "innovative couples" –amazing but true

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Introduction: This is a survey of those couples in whom the male partner was catheterised for long-term, and was on regular catheter changes, to see how these young

partners with permanent indwelling tubes could manage any sexual action. **Materials and Methods:** 32 couples (age: 31 years to 54 years) with active partners were identified. All these males were on long-term catheters for neurogenic bladders, obstructive voiding symptoms, paraparesis/paraplegia or recovering hemiplegia. The main inclusion criteria was presence of libido and indulgence in penetrative sexual act with assistance of partners. Couples were requested to discuss their sexual innovations. **Results:** Highly innovative strategies in their timings, postures, partner utilization, care for partner satisfaction and use of catheters were seen. These ranged from a female removing her counterpart's catheter during first coitus followed by recatheterising him and using the catheter to give him erections for subsequent sessions, to females who inserted the dangling catheter into the vagina followed by erect shaft. At least 5 couples used the catheter entrapment technique to make shaft erect. Most males had dry orgasms and a few female partners would wait endlessly for semen discharge. **Conclusion:** Scientific literature focuses much on potentiating erections and on sperm retrieval procedures in these men, but little has been written about the pleasurable aspects of ejaculation and potential for orgasm in men with long-term catheterization. In absence of any specific data or prior study in this group of young couples this study comes as an eye opener.

Drugs and sex—an Indian scenario

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The Indian male suffers a unique dilemma regarding his sexual health thanks to the courtesy of quacks. The normal stages of adolescent development such as masturbation and night emissions are misinterpreted as signs of a severe internal disease needing treatment. By the time he has his first real sexual encounter with the opposite sex, he is under tremendous psychological pressure and may fail to perform. This aggravates his self doubt thereby making him believe the quacks. Now the unfortunate victim is ready for the final destruction of his life. He takes shelter under the deadly influence of drugs to overcome his sexual problems. Certain 'tonics' and 'virility capsules' available in the market have opiates in them that have a high addiction potential. When he starts using drugs, initially his problems seem to be solved and he is able to perform adequately. But in no time he gets trapped

in the web of drug addiction from which escape is almost impossible.

Once he is dependent on drugs his simple psychological problems become serious organic disease. Under the effect of drugs the logical thought process is impaired and he involves himself in unsafe sexual activities exposing himself to AIDS, Hepatitis C and other sexually transmitted diseases. The unfortunate part of these tragic consequences is that he can transmit these deadly diseases to his innocent wife.

In our center we have experience with more than 3000 detoxification procedures with drug addicts. Approximately 15% of these addicts started experimenting with drugs because of sexual problems. When they present for the treatment of drug addiction over 70% of drug dependent (DSM-IV criteria) patients have erectile dysfunction (ED). ED is independent of the reason that these individuals started using drugs for the first time. ED may continue for sometime even after they stop taking drugs.

Masturbation advantages-concept researched and reviewed in today's context

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Introduction: Sexual gratification by self and without sexual partner is as old as humanity and is now considered an essential, initial phase in sexual behaviour. Without masturbation boys and girls would not achieve primary experience for future coitus and mankind would witness more sexual-offences. **Materials and Methods:** Study was conducted at the Medical and Sexual Health Research Institute at Udaipur. One hundred volunteers were studied over a year. **Results:** 1. Masturbation prepares young subjects better for future coitus. 2. Man without masturbation mostly fail to consummate marriage. 3. Masturbation regulates and overhauls the sex-apparatus. 4. Some man can only succeed coitus if they have masturbated about 2 hours before. 5. Some develop functional impotence, which they attribute to excessive masturbation, but masturbation does not result into impotence. 6. Maximum masturbation is practiced from age 15-25, reduces after marriage but may continue normally in to old age. 7. Some women must essentially resort to masturbation for pleasure by dildo etc. 8. When addicted to masturbation, even after intercourse they have to do it to get orgasm. **Discussion:** Judicious masturbation is essential for normal sexuality

and contrary to old belief it inflicts no harm to body and mind. Not resorting to masturbation may result into functional-impotence and frigidity. It is time to stop condemning masturbation. It is recommended as initial sexual-practice to let the wheel of sexuality revolve and let the steam out to prevent outburst of perversions and crimes. Previously it was thought that precious semen should not to be discharged (celibacy) but semen discharged is rapidly replaced. I conclude that masturbation is advantageous.

Rage as a tool to temporarily reduce the potency of sex offenders and protect the prospective victim

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Introduction: By parasympathetic stimulation erection occurs and by sympathetic stimulation ejaculation occurs. In males there are two opposite influences arising from brain, one causing stimulation, the other causing inhibition of sex desire, as in rage. In intense rage both epinephrine and nor-epinephrine are released, which increases metabolic rate of every cell of body. Sympathetic system is strongly activated in rage. **Materials and Methods:** Tested in 35 volunteers made furious before sex by hurting ego, abusing, shouting, punching, kicking, bad gestures, tightly squeezing genitals etc. **Results:** 1. Increased blood flow to active muscles and decreased blood flow to organs not needed during rapid motor activity; reduced blood flow to erect penis, erection ceases. 2. Increased mental activity. 3. Increased arterial-pressure. 4. Headache. 5. Anxiety and depression. 6. Sweating. Thus overall performance was decreased by massive sympathetic discharge (rage). Erection decreased temporarily and premature ejaculation occurred. **Discussion:** This new concept can be used to educate sex offenders (habitual and first timers) that whenever they have impulse to rape they can apply this in preventing offence by restraining themselves in such situations. Females in danger of being raped can use this concept by making offender angry thus decreasing potency of sex offender and getting him ejaculate before he rapes. Even if PME doesn't occur erection will surely decrease. For 1-2 minutes next erection will not come back giving victim time to find ways to save herself. If this concept that rage before intercourse temporarily decreases potency and leads to sexual-dysfunction be included in Sex Education programs, it will help decrease sex-offences.

The prevalence of sexual disorders and related factors in women referring to Sabzevar health centers

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Background: Sexual health is the amount of knowledge one can achieve about her or his sexual function and is obtained when a person's fear of incorrect beliefs, shame, guilt and other psychological inhibitor factors of sexual response and relationships is diminished. The public are commonly worried about their sexual activities. Research has shown that two thirds of women have some sexual problems. Sexual health is a part of psychological health and its dysfunction can disturb body health greatly. **Aim:** To determine the sexual dysfunction incidence and its related factors. **Materials and Methods:** This is a descriptive, correlational study performed on 350 married women referring to Sabzevar health centers. An interview form is used for collecting data. The data were analyzed by SPSS software (version 11.5) using statistical tests such as student *t*-test, χ^2 and Manwhitny u. **Results:** It is revealed that 70.6% of samples complained of sexual desire dysfunction, 48.35% sexual hate, 43.1% motivation disorder, 38.4% dyspareunia, and 22.9% vaginismus. Intercourse type, family relationship with husband, multiple partners, income rate, and age difference with partner have a significant statistical relationship with sexual desire disorder. Orgasmic disorder has a statistical relationship with guilty feeling about sexual relationships. Marriage satisfaction is also related to vaginismus. **Conclusion:** Sexual disorders are common in our society and factors such as fear from being pregnant and from sexual relationships, remarriage, intercourse type, woman's age and age differences are probable causes of sexual dysfunction which can be resolved with proper planned sessions and special care of affected persons.

Comparison between attitude and knowledge about ADIS and HIV of boys and girls in University students in Azad University of Ramhormoz city

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Introduction and Aim: AIDS and HIV is one of the most important health, mental and economical problems that governments faced. Since 14–25 years of age period is very important in AIDS and HIV prevalence and

Iran has the highest population in this age period, research in this issue is extremely important. **Aim:** This research compared the attitude and knowledge of boys and girls in University students. **Methods:** The sample of the research was 120 girls and boys that selected randomly and researcher-make questionnaire was used. We selected the samples and described how the subjects responded to questions in the questionnaire. Two researcher-make tests were used. Knowledge test consists of 34 questions and attitude scale contains 16 questions after validating by specialists. Data collected from independent groups were analyzed by one group *t*-test. **Results:** Data of research hypotheses showed that there is significant difference between knowledge of boys and girls about AIDS ($P < 0.05$). Girls have higher knowledge about AIDS. There is also significant difference between attitude of boys and girls ($P < 0.05$). **Conclusion:** Teaching knowledge skills and giving subtle attitude on AIDS will reduce the probability of getting AIDS and will increase the health of students population, therefore expanding and giving knowledge about AIDS is very essential. Also, positive attitude towards AIDS and HIV is important and helpful for general health and prevention from it.

Studies of sexual function in young and middle-aged Chinese women with brief index of sexual function for women

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Aim: To investigate young and middle-aged Chinese women sexual function by using the brief index of sexual function for women (BISF-W). **Methods:** Five hundred and four women were assessed using self-reported scales dealing with the current status of their sexual function using BISF-W. Subjects were aged between 23–55 years and all were educated beyond high school. **Results:** The results revealed that the proportions of subjects having sexual dreams, sexual desire and sexual interest decreased to less than once a week were 66.6%, 36.4%, 61.1%, respectively. The frequency of sexual intercourse and difficulty in reaching orgasm decreased to less than once a week was 55.9% and 55.6%, while 55.6% of subjects reported having anxious or inhibited sexual activity. Common problems including lack of lubrication, painful intercourse, vaginal tightness, and vaginitis were reported by 45.7% of subjects. **Conclusion:** More than a half of

middle aged Chinese women suffer from sexual dysfunction; include decreased libido, arousal and orgasm dysfunction. It was significantly decreased by aging, speciously postmenopausal state, and a broader range of psychosomatic and interpersonal variables may affect it.

Studies on oestrous cycle on vaginal blood flow changes induced by pelvic nerve stimulation

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Aim: To establish a rat model to investigate the female vaginal arousal response and the role of oestrous cycle on vaginal blood flow *in vivo*. **Materials and Methods:** Thirty Wistar rats were divided into two groups, Group A ($n = 10$) for control and Group B ($n = 20$) for different oestrous cycle. Vaginal blood flow changes induced by pelvic nerve stimulation (PNS) in female Wistar rats were determined by Biopac System Laser Doppler flowmetry. Frequency response data were determined in 30-second train of square waves with 6 V pulse amplitude and 0.8-millisecond pulse duration at various frequencies (2.5 to 20 Hz), and interval between stimulations was typically 5 min. **Results:** Reproducible frequency dependent increases in vaginal blood flow were observed in response to PNS. Under the 10Hz PNS (6 V, 0.8 ms, 30 s), the vaginal blood flows were responded more responsively ($P < 0.05$) and the arterial pressure changed unobviously ($P > 0.05$), however, the oestrous cycle had no obviously influence on the vagina blood flow to PNS compared to controls ($P > 0.05$). **Conclusion:** Observation of vaginal blood flow changes induced by PNS in fe-

male Wistar rats with Biopac System Laser Doppler flowmetry is a useful and reliable method for investigating the vaginal arousal response and the oestrous cycle had no obviously influence on the vagina blood flow to PNS.

AMS 700 CXM penile prostheses implantation with internal visual urethrotomy (three case reports)

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Aim: To evaluate the safety and efficacy of one stage penile prosthesis implantation with internal visual urethrotomy in patients suffered from sever urethra stricture with erectile dysfunction (ED). **Methods:** Three cases sever urethra stricture combined with sever neuron-vasculogenic ED due to urethra injury resulting from pelvic bone fracture and urethra-urethra anastomy underwent one stage internal visual urethrotomy with AMX700 CXM penile prosthesis implantation and the results were followed up. **Results:** All of 3 cases satisfied with sexual intercourse with AMX 700 CXM penile prosthesis implantation and the maximum rate of urine flow in the three patients were 24.3mL/s, 26.6mL/s, 15.2 mL/s respectively in 3 months of post operation, however, one case still need to regular urethra dilatation at 6 month post operation. **Conclusion:** Successful outcomes were achieved in all 3 patients implanted AMX 700 CXM with internal visual urethrotomy in one stage, which suggested that one stage penile prosthesis implantation with internal visual urethrotomy in patients suffered from sever urethra stricture with ED is safe and effective.