2018 EAU Male Sexual Dysfunction Guidelines Scope Search

Database: Embase <1974 to 2017 May 23>, OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present, EBM Reviews - Cochrane Central Register of Controlled Trials <April 2017>, EBM Reviews - Cochrane Database of Systematic Reviews <2005 to May 19, 2017>

Search Strategy:
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1 exp sexual dysfunction/ (72363)
2 exp Sexual Dysfunctions, Psychological/ or exp Sexual Dysfunction, Physiological/ (113627)
3 (sexual* adj3 (dysfunction* or abnormal* or insufficien* or problem* or disabil* or disturban* or disorder* or asthenia or impoten* or impair* or defect* or deficit or hypoactive or dissatisfact* or illness or low desire or loss)).tw,kw. (48441)
4 ((erection or erectile or ejaculat* or orgasm*) adj3 (dysfunction* or abnormal* or insufficien* or problem* or disabil* or disturban* or disorder* or asthenia or impoten* or impair* or defect* or deficit or hypoactive or dissatisfact* or illness or low desire or loss)).tw,kw. (42319)
5 (ejaculat* adj2 (premature or praecox* or delayed or decreased volume or pain*)).tw,kw. (4690)
6 (Dyspareunia or (impotence adj Vasculogenic) or orgasm disorder* or anorgasmia).tw,kw. (10703)
7 ((orgasm* adj2 pain*) or anejaculation).tw,kw. (1083)
8 exp hypogonadism/ (26897)
9 (hypogonadism or hypogonal or gonadal).tw,kw. (82647)
10 exp Peyronie disease/ or exp Penile Induration/ (4755)
11 ((Peyronie* or peyronis) adj2 disease).tw,kw. (4188)
12 ((penile or penis) adj2 (induratio* or deformit* or fibromatosis or plasticus or plastic)).tw,kw. (1425)
13 ((penile or penis) adj2 (strabismus or fibrous plaque or curvature)).tw,kw. (1872)
14 (fibrous adj cavern*).tw,kw. (280)
15 exp priapism/ (6539)
16 (priapism* or (erection adj3 (persistent or low flow or high flow or recurrent or intermittent))).tw,kw. (5821)
17 or/1-16 (245661)
18 male/ or (men or man or male*).tw. (16092068)
19 17 and 18 (152201)
20 female to male transgender/ (228)
((exp animals/ or exp animal/ or exp nonhuman/ or exp animal experiment/ or animal model/
or animal tissue/ or non human/) not (humans/ or human/)) or ((rats or mice or mouse or cats or
dogs or animal* or cell lines) not (human* or men or women)).ti. (10995354)  
case report/ or case reports/ or (case report or case series).ti. (4155698)  
Conference Abstract.pt. or Congresses as Topic/ (2663063)  
or/20-24 (20637448)  
19 not 25 (96245)  
limit 26 to yr="2015 -Current" (9876)  
(Systematic review or meta-analysis).tw,kw. (371625)  
Meta analysis/ or "systematic review"/ (291792)  
(Medline or Pubmed or Embase or Cochrane or literature search or literature review).ab.  
(439192)  
random:.mp. or randomized controlled trial.pt. (3226367)  
clinical trial:.mp. or controlled clinical trial.pt. (2705726)  
double-blind:.mp. or placebo:.tw. or blind:.tw. (1182534)  
prospective*.tw. (1529038)  
exp cohort analysis/ or exp Cohort Studies/ (2105769)  
(cohort adj3 (study or studies or analy*)).tw. (418003)  
(followed or follow up).tw. or exp follow up/ or exp Follow-Up Studies/ (4453419)  
exp longitudinal study/ or exp Longitudinal Studies/ or longitudinal.tw. (633023)  
comparative study/ or controlled study/ or major clinical study/ (9401033)  
((comparative or comparison or compared or evaluat* or multicenter) adj3 (studies or  
study))).tw. (1531456)  
((population or hospital) adj based).tw. (289569)  
(groups or trial or controlled).tw. (6349807)  
or/28-42 (20142387)  
27 and 43 (6821)  
limit 44 to dd=20160707-20170524 use oemezd [Limit not valid in Ovid MEDLINE(R),Ovid  
MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R)  
Publisher,CCTR,CDSR; records were retained] (1521)  
limit 44 to ed=20160707-20170524 use ppez [Limit not valid in Embase,CCTR,CDSR;  
records were retained] (897)  
2017*.dc. or 2017*.ep. (1223417)  
44 and 47 (1058)  
limit 44 to yr="2016 -current" use ctr (233)  
limit 44 to yr="2016 -current" use coch (47)
1.
Dopa-testotoxicosis: a novel drug toxicity of dopamine agonists in male prolactinoma patients
De Sousa SMC, Chapman IM, Falhammar H, Torpy DJ
EBM Reviews - Cochrane Central Register of Controlled Trials
Clinical endocrinology. Conference: endocrine society of australia annual scientific meeting.
[Journal: Conference Abstract]
AN: CN-01334018 NEW
Background: Impulse control disorders (ICD) including gambling, hypersexuality, compulsive
shopping and binge eating have recently been recognised as side effects of dopamine agonists
(DAs). The vast majority has been described in the treatment of Parkinson's disease and restless
legs syndrome where pathological gambling is the predominant DA-associated ICD (1). Little is
known about the nature of ICDs in the prolactinoma setting where endocrine factors, specifically
testosterone fluctuations, may influence behaviour (2). Methods: We performed a multicenter
retrospective cohort study of eight men who developed hypersexuality following initiation of DA
therapy for prolactinomas. Results: The men had no prior history of psychiatric disease, but each
developed disruptive hypersexuality with manifold consequences, including relationship discord,
financial loss, reduced work performance, and illicit activity. Two men also developed pathological
gambling. Cabergoline, bromocriptine and quinagolide were all implicated. The onset of
hypersexuality ranged from days to years after DA commencement. Some men notably had
normal pre-treatment testosterone levels, however these values were in the lower half of the
reference range and rose into the upper half with DA initiation suggesting they had relative
hypogonadism at baseline. Six men received no androgen replacement and increases in
testosterone were solely attributable to DA therapy. Prolactin and testosterone consistently
improved to be close or within the reference range by the time of symptom onset. Symptoms
were reversible with DA cessation. Conclusions: We hypothesise that this phenomenon is due to
synergy between mesolimbic reward pathway stimulation by DAs, together with rapid restoration of the eugonadal state after prolonged hypogonadism. We refer to this unique drug toxicity as 'dopa-testotoxicosis'. The condition is likely under-reported due to the highly personal nature of the symptoms and we suggest a simple written questionnaire to screen for it. Treatment will generally include cessation of DAs in affected men, and often pituitary surgery for prolactinoma resection.

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Publisher
Blackwell Publishing Ltd

2. Dieting but not testosterone treatment improves androgen deficiency-like symptoms in obese men with lowered testosterone
Fui MNT, Prendergast LA, Dupuis P, Zajac JD, Grossmann M

EBM Reviews - Cochrane Central Register of Controlled Trials
Clinical endocrinology. Conference: endocrine society of australia annual scientific meeting.
[Journal: Conference Abstract]
AN: CN-01334020  NEW

Importance: Obese men with modest reductions in circulating testosterone commonly report non-specific symptoms consistent with androgen-deficiency. Whether testosterone treatment leads to improvements in androgen deficiency-like symptoms over and above the effects of dieting is unknown. Objective: To determine whether testosterone treatment improves androgen deficiency-like symptoms among dieting men. Design: Secondary analysis of a randomised double-blind, placebo-controlled trial. Participants: Obese men with a total testosterone level <12 nmol/L. Intervention: One hundred participants receiving 10 weeks of a very low energy diet (VLED) followed by weight maintenance were randomised at baseline to 56 weeks of intramuscular testosterone undecanoate (n = 49, cases) or placebo (n = 51, controls). Main Outcomes: The pre-specified outcomes were the between-group differences in Aging male symptoms score (AMS) and international index of erectile function (IIEF). Results: Cases and controls lost the same weight after VLED (testosterone -12.0 kg; placebo -13.5 kg, P = 0.40) and maintained this at
study end (testosterone -11.4 kg; placebo -10.9 kg, P = 0.80). There was no difference in AMS between groups after VLED (mean adjusted difference (MAD) -0.44, 95% CI -4.6; 3.8, P = 0.84) or at study end (MAD -1.7, 95% CI -6.2; 2.7, P = 0.44). Both cases and controls had improvements in AMS by approximately 20% after VLED (cases from 35.6 to 27.3 and controls from 34.6 to 27.9, both P < 0.05) which was maintained in cases (improved by 4.6 points, P = 0.006 relative to baseline) but not controls (improved by 2.3 points, P = 0.131) compared to baseline. Men had mild erectile dysfunction at baseline (IIEF cases 20.0, controls 19.3), with no between or within group differences during the study. Conclusions: In relatively healthy obese men, androgen deficiency-like symptoms are primarily a consequence of excess weight rather than due to their reduced testosterone levels. For symptomatic benefit, weight loss rather than testosterone treatment should be the first line approach.

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Publisher
Blackwell Publishing Ltd

3.
An open-label clinical trial to investigate the efficacy and safety of corifollitropin alfa combined with hCG in adult men with hypogonadotropic hypogonadism
Nieschlag E, Boulox P-MG, Stegmann BJ, Shankar RR, Guan Y, Tzontcheva A, McCrary Sisk C, Behre HM
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01335385  NEW
Background: Hypogonadotropic hypogonadism (HH) in men results in insufficient testicular function and deficiencies in testosterone and spermatogenesis. Combinations of human chorionic gonadotropin (hCG) and recombinant follicle-stimulating hormone (recFSH) have been successful in the treatment of HH. Corifollitropin alfa is a long-acting FSH-analog with demonstrated action in women seeking infertility care. The aim of this study was to investigate the efficacy and safety of corifollitropin alfa combined with hCG to increase testicular volume and induce spermatogenesis in men with HH. Methods: This was a Phase III, multi-center, open-label, single-arm trial of corifollitropin alfa in azoospermic men aged 18 to 50 years with HH. After 16 weeks of
pretreatment of 23 subjects with hCG alone, 18 subjects with normalized testosterone (T) levels who remained azoospermic entered the 52-week combined treatment phase with hCG twice-weekly and 150 mug corifollitropin alfa every other week. The increase in testicular volume (primary efficacy endpoint) and induction of spermatogenesis resulting in a sperm count >1 x 10^6/mL (key secondary efficacy endpoint) during 52 weeks of combined treatment were assessed. Safety was evaluated by the presence of anti-corifollitropin alfa antibodies and the occurrence of adverse events (AEs). Results: Mean (+/-SD) testicular volume increased from 8.6 (+/-6.09) mL to 17.8 (+/-8.93) mL (geometric mean fold increase, 2.30 [95% CI: 2.03, 2.62]); 14 (77.8%) subjects reached a sperm count >1 x 10^6/mL. No subject developed confirmed anti-corifollitropin alfa antibodies during the trial. Treatment was generally well tolerated. Conclusions: Corifollitropin alfa 150 mug administrated every other week combined with twice-weekly hCG for 52 weeks increased testicular volume significantly, and induced spermatogenesis in >75% of men with HH who had remained azoospermic after hCG treatment alone. Trial registration: ClinicalTrials.gov: NCT01709331. Copyright (C) 2017 The Author(s).

Institution
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Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)

4. Male urinary and sexual function after robotic pelvic autonomic nerve-preserving surgery for rectal cancer
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01336550 NEW
Background: Urinary and sexual dysfunction is the potential complication of rectal cancer surgery. The aim of this study was to evaluate the urinary and sexual function in male patients with robotic surgery for rectal cancer. Methods: This prospective study included 137 of the 336 male patients who underwent surgery for rectal cancer. Urinary and male sexual function was studied by means
of a questionnaire based on the International Prostatic Symptom Score and International Index of Erectile Function. All data were collected before surgery and 12 months after surgery. Results: Patients who underwent robotic surgery had significantly decreased incidence of partial or complete erectile dysfunction and sexual dysfunction than patients with laparoscopic surgery. The pre- and post-operative total IPSS scores in patients with robotic surgery were significantly less than that with laparoscopic surgeries. Conclusions: Robotic surgery shows distinct advantages in protecting the pelvic autonomic nerves and relieving post-operative sexual dysfunction. Copyright (C) 2016 John Wiley & Sons, Ltd.

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Publisher
John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)

5.
Efficacy and Safety of Sildenafil in Men With Sexual Dysfunction and Spinal Cord Injury
Ohl DA, Carlsson M, Stecher VJ, Rippon GA

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01337094 NEW

Introduction: Spinal cord injury (SCI) is estimated to affect approximately 276,000 individuals in the United States. Since 2010, the mean age of individuals at the time of the SCI has been 42 years, with nearly 80% of cases involving men. This means that individuals with SCI generally are young men who typically place a great deal of importance on normal sexual and reproductive function. Aim: To assess the effect of sildenafil treatment on erectile function and the frequency of ejaculation in men with SCI. Methods: This study was a post hoc analysis of pooled data from two randomized, double-blinded, placebo-controlled, flexible-dose, crossover sildenafil trials conducted in Europe, Australia, and Turkey. Two hundred forty-eight men at least 18 years old with traumatic SCI of at least 6 months' duration, with erectile dysfunction solely attributed to SCI, and in a stable heterosexual relationship were treated sequentially with sildenafil and placebo. Exclusion criteria included taking nitrate therapy, severe cardiac failure, and recent stroke or myocardial infarction. The starting sildenafil dose was 50 mg, taken approximately 1 hour before
sexual activity, with subsequent dose adjustment to 100 or 25 mg based on efficacy and safety during treatment. There was a 2-week washout between 6-week treatments. Main Outcome Measures: Change from baseline in International Index of Erectile Function question 3 (frequency of penetration), question 4 (maintaining erection after penetration), question 9 (frequency of ejaculation), and erectile function domain scores; intercourse success; and treatment preference.

Results: All International Index of Erectile Function outcomes, including achieving and maintaining erections and ejaculation frequency, were statistically significantly greater with sildenafil vs placebo, including the subgroup with complete SCI (P < .01 for all comparisons). The percentage of successful intercourse attempts with sildenafil (53% vs 12%) and preference for sildenafil (96% vs 4%) vs placebo were significant (P < .001), including the subgroup with complete SCI. The most common all-cause adverse events with sildenafil were headache (16.1%) and urinary tract infection (11.6%). Conclusion: Sildenafil significantly improves erections, intercourse success, and ejaculation frequency vs placebo, including in men with complete SCI. Sildenafil is an effective and well-tolerated treatment for sexual dysfunction in men with SCI. The increase in frequency of ejaculation could allow the possibility of having children without medical intervention in this patient population. Ohl DA, Carlsson M, Stecher VJ, Rippon GA. Efficacy and Safety of Sildenafil in Men With Sexual Dysfunction and Spinal Cord Injury. Sex Med Rev 2017;X:XX-XX. Copyright (C) 2017.

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Publisher
Elsevier B.V. (E-mail: customerservices@oxonblackwellpublishing.com)

6.
Efficacy and safety of testosterone replacement gel for treating hypogonadism in men: phase III open-label studies
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01339263 NEW
Efficacy and safety of testosterone gel 2% (TG) were evaluated in two phase 3, open-labelled, single-arm, multicentre studies (000023 and extension study 000077). Hypogonadal men having serum testosterone levels <300 ng/dl at two consecutive measurements were included. Study duration was 9 months (000023: 3 months; 000077: 6 months). Starting dose of TG (46 mg) was applied on upper arm/shoulder. The primary endpoint (000023) was responder rate (subjects with average 24-hour serum testosterone concentration 300-1050 ng/dl on Day 90). Study 000077 evaluated the safety of TG in patients rolling over from study 000023 over a period of 6 months. Of 180 subjects in 000023, 172 completed and 145 rolled over to 000077, with 127 completers. The responder rate was 85.5%. Fewer subjects in 000077 (12.7%) versus 000023 (31.8%) had maximum testosterone concentration (C<inf>max</inf>) >1500 ng/dl, with no significant safety concerns. Significant improvements in sexual function and quality of life were noted in both studies. Subjects experienced few skin reactions without notable increases in prostate-specific antigen and haematocrit levels. TG was efficacious with an acceptable safety profile. C<inf>max</inf> >1500 ng/dl did not exhibit distinct impact on safety parameters. However, further optimisation of titration schema to reduce C<inf>max</inf> is warranted while maintaining the average steady state total testosterone concentration. Copyright (C) 2017 Blackwell Verlag GmbH.

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Publisher
Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)

7.
Reduced sexual dysfunction with aripiprazole once-monthly versus paliperidone palmitate: results from QUALIFY
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01341731 NEW
Sexual dysfunction, a common side effect of antipsychotic medications, may be partly caused by dopamine antagonism and elevation of prolactin. In QUALIFY, a randomized study, aripiprazole once-monthly 400 mg (AOM 400), a dopamine D2 receptor partial agonist, showed noninferiority and subsequent superiority versus paliperidone palmitate (PP), a dopamine D2 receptor antagonist, on the Heinrichs-Carpenter Quality-of-Life Scale (QLS) in patients with schizophrenia aged 18-60 years. Sexual dysfunction (Arizona Sexual Experience Scale) and serum prolactin levels were also assessed. Odds for sexual dysfunction were lower with AOM 400 versus PP [week 28 adjusted odds ratio (95% confidence interval), 0.29 (0.14-0.61); P=0.0012] in men [0.33 (0.13-0.86); P=0.023], women [0.14 (0.03-0.62); P=0.0099], and patients aged 18-35 years [0.04 (<0.01-0.34); P=0.003]. Among patients shifting from sexual dysfunction at baseline to none at week 28, there was a trend toward greater improvement in the QLS total score. The mean (SD) prolactin concentrations decreased with AOM 400 [-150.6 (274.4) mIU/l] and increased with PP [464.7 (867.5) mIU/l] in both men and women. Six PP-treated patients experienced prolactin-related adverse events. In addition to greater improvement on QLS, patients had a lower risk for sexual dysfunction and prolactin elevation with AOM 400 versus PP in QUALIFY. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal. http://creativecommons.org/licenses/by-nc-nd/4.0/ Copyright (C) 2017 Wolters Kluwer Health, Inc. All rights reserved.

Institution
S.G. Potkin, aDepartment of Psychiatry and Human Behavior, University of California, Irvine, California bLundbeck LLC, Paramus, New Jersey cOtsuka Pharmaceutical Development & Commercialization, Inc., Princeton, New Jersey dLundbeck LLC, Deerfield, Illinois, USA eOtsuka Pharmaceutical Europe Ltd., Wexham, UK fLundbeck SAS Issy-les-Moulineaux, Paris, France gH. Lundbeck A/S, Valby, Denmark hDepartment for Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf, Hamburg, Germany

Publisher
Lippincott Williams and Wilkins (E-mail: agents@lww.com)

8.
Sexual health and quality of life are impaired in hidradenitis suppurativa: a multicentre cross-sectional study
Background: Hidradenitis suppurativa (HS) has a major impact on patients' quality of life (QoL). Although it has commonly been assumed that HS impairs sexual health, only a single case-control study has been performed on sexual functioning in a small group of patients with HS.

Objectives: To investigate the QoL with a particular focus on sexual health in a substantial population of patients with HS.

Methods: In total 916 patients with HS received an invitation to participate in this multicentre cross-sectional survey.

Results: Three hundred patients completed the questionnaires. This study showed a diminished QoL and sexual health in patients with HS (Female Sexual Function Index: 21.6 +/- 9.6, International Index of Erectile Function: 49.7 +/- 20.7, Arizona Sexual Experience Scale: 16.7 +/- 5.3, Dermatology Life Quality Index: 12.5 +/- 7.5). Sexual health was associated with QoL in women but not in men. Female sex and late onset of HS were associated with poor sexual function.

Impairment of QoL was associated with anogenital involvement, early onset of HS, disease severity and disease activity.

Conclusions: HS is associated with impaired sexual health and QoL. Physicians should not hesitate to ask patients with HS about their sexual function and, when needed, offer them psychological support.

Copyright (C) 2017 British Association of Dermatologists.
Background: Erectile dysfunction remains the most common side effect from radical treatment of localized prostate cancer. We hypothesized that the use of vessel-sparing radiotherapy, analogous to the functional anatomy approach of nerve-sparing radical prostatectomy (RP), would improve erectile function preservation while maintaining tumor control for men with localized prostate cancer. Objective: To determine erectile function rates after vessel-sparing radiotherapy. Design, setting, and participants: Men with localized prostate cancer were enrolled in a phase 2 single-arm trial (NCT02958787) at a single academic center. Intervention: Patients received vessel-sparing radiotherapy utilizing a planning MRI and MRI-angiogram to delineate and avoid the erectile vasculature. Outcome measurements and statistical analysis: Both physician- and patient-reported inventories were used to capture erectile function at baseline and at 2 and 5 yr after treatment. Validated model-based comparisons were performed to compare vessel-sparing results to nerve-sparing RP and conventional radiotherapy. Results and limitations: From 2001 to 2009, 135 men underwent vessel-sparing radiotherapy. After a planned interim analysis, the trial was stopped after meeting the primary endpoint. The median follow-up was 8.7 yr, with a >94% response rate to all inventories at each time point. At 5 yr, 88% of patients were sexually active with or without the use of sexual aids. The 2-yr erectile function rates were significantly improved with vessel-sparing radiotherapy (78%, 95% confidence interval [CI] 71-85%) compared to modeled rates for convention radiotherapy (42%, 95% CI 38-45%; p <.001) or nerve-sparing prostatectomy (24%, 95% CI 22-27%; p <.001). At 2 yr after treatment, 87% of baseline-potent men retained erections suitable for intercourse. The 5- and 10-yr rates of biochemical relapse-free survival were 99.3% and 89.9%, and at 5 yr the biochemical failures were limited to the National Comprehensive Cancer Network high-risk group. The single-arm design is a limitation. Conclusions: Vessel-sparing radiotherapy appears to more effectively preserve erectile function when compared to historical series and model-predicted outcomes following nerve-sparing RP or conventional radiotherapy, with maintenance of tumor control. This approach warrants independent validation. Patient summary: In this interim analysis we looked at using a novel approach to spare critical erectile structures to preserve erectile function after prostate cancer radiotherapy. We found that almost 90% of patients at 5 yr after treatment remained sexually active, significantly higher than previous studies with surgery or radiotherapy. Vessel-sparing radiotherapy for men with localized prostate cancer using a novel magnetic resonance imaging-based approach to spare erectile vasculature resulted in 88% maintenance of sexual activity at 5 yr after treatment, 87% retention of erections suitable for intercourse at 2 yr after treatment, and maintenance of tumor control. Copyright (C) 2017 European Association of Urology.
Purpose: This was a Phase I study to evaluate the safety, tolerability, and hemodynamic and pharmacokinetic effects of bremelanotide (BMT) coadministered with ethanol to healthy male and female participants. Methods: This was a randomized, placebo-controlled, double-blind, 3-period, 3-way crossover study. Individuals meeting the inclusion/exclusion criteria received BMT or placebo with or without ethanol at the research facility for 7 consecutive days. Participants were randomized to receive 1 of 6 treatment paths; each participant received single intranasal doses of BMT (20 mg) or placebo on days 1, 4, and 7, with or without oral ethanol (0.6 g/kg) while in a fasted state. The intranasal 20-mg dose of BMT has an exposure equivalent to ~1 to 2 times the subcutaneous dose currently being evaluated in Phase III studies. Vital signs, self-rated sedation scores, nursing and medical observations, and spontaneous reporting by participants provided the basis for evaluation of adverse events. A physical examination and a resting 12-lead electrocardiogram were performed at baseline and on study day 7. Blood and urine samples were obtained for clinical safety profile laboratory tests. Findings: A total of 24 participants were enrolled (12 men; 12 women) and completed the study. Single doses of 20 mg intranasal BMT, administered with or without 0.6 g/kg ethanol, were found to be safe and generally well tolerated with mean maximum ethanol concentrations exceeding 80 mg/dL in women. No clinically significant pharmacokinetic interactions were found between ethanol and BMT either overall or by sex. No significant drug-related hypotensive or orthostatic hypotensive effects were noted. Treatment with BMT did not result in an increased frequency of treatment-emergent adverse
events, and no participants discontinued the study because of adverse events. Physical examination, electrocardiography, and laboratory tests disclosed no clinically significant changes. Implications: Female sexual dysfunction is a multifactorial condition with anatomic, physiologic, medical, psychological, and social components. BMT is a synthetic peptide analogue of the naturally occurring hormone alpha-melanocyte-stimulating hormone and a melanocortin receptor agonist that is being developed for the treatment of hypoactive sexual desire disorder. Its mechanism of action involves activation of endogenous melanocortin hormone pathways involved in the sexual desire and arousal response. The results of this Phase I study found that BMT and ethanol can be safely coadministered and are generally well tolerated with no reports of drug-related serious adverse events. Phase III trials of subcutaneous BMT for the treatment of hypoactive sexual desire disorder in premenopausal women are in progress. ClinicalTrials.gov identifiers NCT02338960 and NCT02333071. Copyright (C) 2017 The Authors. Institution A.H. Clayton, University of Virginia, 2955 Ivy Road, Northridge Suite 210, Charlottesville, VA 22903 Publisher Excerpta Medica Inc.

11. Testosterone Replacement Therapy and Components of the Metabolic Syndrome
Anaissie J, Roberts NH, Wang P, Yafi FA
EBM Reviews - Cochrane Central Register of Controlled Trials Sexual medicine reviews. (no pagination),. 2017 Vol.Date of Publication: November 21, 2017. [Journal: Article In Press]
AN: CN-01332008 NEW
Introduction: The prevalence of metabolic syndrome (MetS) is rapidly increasing in the United States and, because of its strong association with male hypogonadism, has become a significant topic of interest in the sexual medicine community. At the center of this conversation is the efficacy and safety of testosterone replacement therapy (TRT) as a therapeutic option for HG and MetS. Aim: To provide a review of the current literature pertaining to TRT and MetS. Methods: A thorough literature review was performed to review the relation between TRT and MetS using the PubMed online database from 1976 through 2016 with the keywords testosterone, hypogonadism, metabolic syndrome, and testosterone therapy. Main Outcome Measures:
Outcomes pertaining to MetS including weight, waist circumference, body mass index, blood glucose control, cholesterol parameters, blood pressure, and quality of life. Results: From the plethora of contrasting literature on the efficacy and safety of TRT, it is increasingly clear that more well-designed studies are needed to clarify the efficacy and safety of TRT. Although most of the current literature shows that TRT has the potential to significantly lower the studied outcome variables associated with MetS, several studies provide more mixed results. Conclusion: TRT has the potential to alleviate some of the morbidity associated with hypogonadism and MetS. Larger multicenter well-designed studies are needed to better describe and quantify the relation between MetS and TRT. Anaissie J, Roberts NH, Wang P, et al. Testosterone Replacement Therapy and Components of the Metabolic Syndrome. Sex Med Rev 2017;X:XXX-XXX. Copyright (C) 2017 International Society for Sexual Medicine.

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Elsevier B.V. (E-mail: customerservices@oxonblackwellpublishing.com)

12.
Health-related quality of life and psychological well-being in adults with differences/disorders of sex development
Bennecke E, Thyen U, Gruters A, Lux A, Kohler B
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01332220 NEW
Objective: Rare congenital conditions with incongruence of chromosomal, gonadal and phenotypic sex have been classified as differences/disorders of sex development (DSD). Included in DSD are conditions with diverse genetic aetiology, varying levels of prenatal androgen effects, phenotypes and, subsequently, different medical treatments. Quality of life (QoL) and psychological well-being are indicators of successful psychosocial adaptation to the conditions. We sought to investigate the HRQoL and psychological well-being in this population. Design: This multicentre clinical evaluation study was part of a German network related to DSD funded by the German Ministry of Science and Education (BMBF 2003 to 2007). Methods: To assess health-
related quality of life (HRQoL), we used the Short Form Health Survey (SF-36), and for psychological well-being, the Brief Symptom Inventory (BSI). Participants were classified into five groups: females with CAH, females with XY DSD conditions where there is a partial androgen effect (partial androgen insensitivity, mixed/partial gonadal dysgenesis, disorders of androgen biosynthesis), females with XY DSD without androgen effect (complete androgen insensitivity, complete gonadal dysgenesis), males with XY DSD, and individuals with DSD conditions and other gender. Results: Participants included 110 adults with DSD (age range 17-62). We found a trend of lowered mental HRQoL and significant higher physical HRQoL for participants as compared to the norm. The high physical HRQoL especially applied to females with androgen effect and XY karyotype. Participants reported significant higher psychological distress compared to the norm. Forty-seven participants (42.7%) reported distress in a clinically relevant range on the BSI. Conclusions: Although we did not find significant impairments in overall HRQoL, participants reported significant impaired psychological well-being. Specialized interdisciplinary care should focus in particular on psychological issues to ensure good overall health and well-being. Copyright (C) 2017 John Wiley & Sons Ltd.

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13.
Erratum: the CopenHeartSF trial-comprehensive sexual rehabilitation programme for male patients with implantable cardioverter defibrillator or ischaemic heart disease and impaired sexual function: protocol of a randomised clinical trial (BMJ Open (2013) 3 (e003967) DOI: 10.1136/bmjopen-2013-003967)
Anonymous
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Erratum]
AN: CN-01332725 NEW
There has been an update to the Statistical Analyses Plan. The new Statistical Analysis section should read: Statistical analysis The analysis will follow the intention-to-treat principle with two-
sided significance test at the 5% level. Continuous outcomes will follow the same procedure as described in the following for the primary outcome. The primary outcome is the International Index of Erectile Function overall score. The five domains of the questionnaire are all exploratory outcome, but particular attention is given the Erectile Function domain. The secondary outcome is PAIS-SR sexual relationship domain. The explorative physical outcomes are pelvic floor strength and endurance (one categorical and two continuous variables), peak VO2, heart rate (beats per minute), blood pressure, Watt Max, Anaerobic Threshold, and VE/VCO2 slope. The questionnaire-based exploratory outcomes are SF-36 (the two component scores: physical (SF36-PCS) and mental (SF36-MCS)), Hospital Anxiety and Depression Scale (HADS) anxiety and depression (binary variable: score of 8+) and EQ-5D-5L converted to index score. Sex after ICD-questionnaires (reported as categorical variables) are evaluated for ICD patients. The primary model for assessing the effect of intervention is the univariate general linear model. This model assesses (1) whether there is an effect of the intervention 16 weeks after randomization, between the intervention group and the control group. If there is a statistically significant effect we will perform subgroup analysis and test (2) whether there is a difference between the two patient groups regarding the size of the effect. Model 2 includes the follow-up data (month six) using a mixed model because of repeated outcome measures. In this model the baseline value of the outcome, intervention indicator (I), patients indicator (G), the interaction between I and G and stratification variable (aged above and below 60 years) are included. Subgroup analysis of the primary outcome and all analyses of the secondary and exploratory outcomes are considered hypothesis generating if the effects are statistically significant (P<0.05). If missing values of the primary outcome is above 15% or the P-value of Little's test is below 0.05 multiple imputation techniques will be used. If the intervention effect of the primary analysis in the univariate general linear model is significant, the analysis is supplemented with a worst/best case analysis. The results of the multiple imputed dataset are considered the primary analysis.

Publisher
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14.
Efficacy and safety of tadalafil 5 mg once daily in the treatment of lower urinary tract symptoms associated with benign prostatic hyperplasia in men aged >75 years: integrated analyses of pooled data from multinational, randomized, placebo-controlled clinical studies
Oelke M, Wagg A, Takita Y, Buttner H, Viktrup L
Objective: To assess efficacy and safety of tadalafil in men aged >75 years with lower urinary tract symptoms associated with benign prostatic hyperplasia (LUTS/BPH) and additional safety in men aged >75 years with erectile dysfunction (ED). Patients and Methods: We conducted an integrated analysis of 12 phase II-III randomized, double-blind and/or open-label extension studies to evaluate short-term (12-26 weeks) efficacy and short- and longer-term (42-52 weeks) safety in men aged <75 years vs men aged >75 years. All men received once-daily tadalafil 5 mg or placebo. The efficacy outcome was International Prostate Symptom Score (IPSS). Safety measurements included treatment-emergent adverse events (TEAEs), adverse events (AEs) leading to discontinuation, serious AEs (SAEs), and cardiovascular AEs. All analyses were intention-to-treat. Changes from baseline to efficacy endpoint and differences in changes between treatment groups were estimated as least-squares means using analysis of covariance models. Results: Change in the mean IPSS was significantly different in men aged <75 years vs those aged >75 years across tadalafil and placebo groups (treatment-by-age interaction P = 0.034). Tadalafil was not statistically significantly better than placebo in men aged >75 years, but effect size varied between studies. Maintenance of efficacy with tadalafil was observed across age groups. Short-term tadalafil safety findings for men aged <75 vs >75 years included: TEAEs (52 [33.8%] vs 503 [30.1%]), AEs leading to discontinuation (3 [1.9%] vs 50 [3.0%]), SAEs (4 [2.6%] vs 15 [0.9%]) and cardiovascular AEs (4 [2.6%] vs 30 [1.8%]). Long-term tadalafil safety data did not reveal clinically relevant differences between age groups. Limitations include exclusion of men with serious co-existing conditions and limited sample sizes of men aged >75 years. Conclusions: Efficacy with once-daily tadalafil 5 mg in the treatment of LUTS/BPH differed between men aged <75 vs >75 years, with significant efficacy in the <75-year age group. The older age group had more concomitant diseases and used more drugs, which may have reduced efficacy. The small sample size precluded uni-/multivariate analyses to assess plausible interference from confounding factors. Tadalafil had a reassuring safety profile and no evidence of increased cardiovascular AEs in aging men. Copyright (C) 2017 BJU International.
Symptomatic response to testosterone treatment in dieting obese men with low testosterone levels in a randomized, placebo-controlled clinical trial

Ng Tang Fui M, Hoermann R, Prendergast LA, Zajac JD, Grossmann M

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]

AN: CN-01299576 NEW

Background: Obese men commonly have reductions in circulating testosterone and report symptoms consistent with androgen deficiency. We hypothesized that testosterone treatment improves constitutional and sexual symptoms over and above the effects of weight loss alone.

Methods: We conducted a pre-specified analysis of a randomized double-blind, placebo-controlled trial at a tertiary referral center. About 100 obese men (body mass index (BMI) 30 kg/m²) with a repeated total testosterone level 12 nmol/L and a median age of 53 years (interquartile range 47-60) receiving 10 weeks of a very-low-energy diet (VLED) followed by 46 weeks of weight maintenance were randomly assigned at baseline to 56 weeks of intramuscular testosterone undecanoate (n=49, cases) or matching placebo (n=51, controls). Pre-specified outcomes were the between-group differences in Aging Male Symptoms scale (AMS) and international index of erectile function (IIEF-5) questionnaires.

Results: Eighty-two men completed the study. At study end, cases showed significant symptomatic improvement in AMS score, compared with controls, and improvement was more marked in men with more severe baseline symptoms (mean adjusted difference (MAD) per unit of change in AMS score -0.34 (95% confidence interval (CI) -0.65, -0.02), P=0.04). This corresponds to improvements of 11% and 20% from baseline scores of 40 and 60, respectively, with higher scores denoting more severe symptoms. Men with erectile dysfunction (IIEF-5 ≤ 20) had improved erectile function with testosterone treatment. Cases and controls lost the same weight after VLED (testosterone -12.0 kg; placebo -13.5 kg, P=0.40) and maintained this at study end (testosterone -11.4 kg; placebo -10.9 kg, P=0.80). The improvement in AMS following VLED was not different between the groups (-0.05 (95% CI -0.28, 0.17), P=0.65).

Conclusions: In otherwise healthy obese men with mild to moderate symptoms and modest reductions in testosterone levels, testosterone treatment improved androgen deficiency symptoms over and above the improvement associated with weight loss alone, and more severely symptomatic men achieved a greater benefit.

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Lefaucheur JP.
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Neurophysiologie Clinique. , 2017 May 18.
[Journal Article]
UI: 28528745
OBJECTIVES: To investigate the value of electrochemical skin conductance (ESC) measurement at penile level using Sudoscan for the diagnosis of neurogenic impotence in diabetics.
METHODS: The following neurophysiological parameters were assessed in 25 male diabetics who complained of impotence and 25 age-matched normal male subjects without erectile dysfunction (age range: 29-70 years): ESC, sympathetic skin responses (SSR), warm detection thresholds (WDT), and cold detection thresholds (CDT) for the penis and the feet, vibration detection thresholds (VDT) for the penis, and sensory nerve conduction study of the dorsal nerve of the penis (DNP) with sensory nerve action potential (SNAP) recording.
RESULTS: Diabetic patients with impotence differed from controls with regard to most neurophysiological results at both penile and foot levels. Among penile innervation variables in the group of impotent diabetics, penile ESC was found to be the most frequently abnormal (80% of patients), followed by penile WDT, CDT, and DNP-SNAP amplitude (52% of patients), and then penile SSR amplitude and VDT (44% of patients). Various combinations of abnormalities were observed: penile ESC was the only abnormal test in 2 patients, while all tests were abnormal in 2 patients and remained normal in only one patient.
CONCLUSION: Erectile dysfunction is common in diabetic men, but the diagnosis of a neurogenic origin is challenging. This study showed that ESC measurement using Sudoscan is feasible and more sensitive than SSR recordings to show penile sympathetic innervation impairment. This new test should be further studied to better define its diagnostic accuracy and clinical correlates.

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17.
Erythrocytosis Following Testosterone Therapy. [Review]
Ohlander SJ; Varghese B; Pastuszak AW.

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Sexual Medicine Reviews. , 2017 May 16.
[Journal Article. Review]
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INTRODUCTION: A rapid increase in awareness of androgen deficiency has led to substantial increases in prescribing of testosterone therapy (TTh), with benefits of improvements in mood, libido, bone density, muscle mass, body composition, energy, and cognition. However, TTh can be limited by its side effects, particularly erythrocytosis. This review examines the literature on testosterone-induced erythrocytosis and polycythemia.
AIM: To review the available literature on testosterone-induced erythrocytosis, discuss possible mechanisms for pathophysiology, determine the significance of formulation, and elucidate potential thromboembolic risk.

METHODS: A literature review was performed using PubMed for articles addressing TTh, erythrocytosis, and polycythemia.

MAIN OUTCOME MEASURES: Mechanism, pharmacologic contribution, and risk of testosterone-induced erythrocytosis.

RESULTS: For men undergoing TTh, the risk of developing erythrocytosis compared with controls is well established, with short-acting injectable formulations having the highest associated incidence. Potential mechanisms explaining the relation between TTh and erythrocytosis include the role of hepcidin, iron sequestration and turnover, erythropoietin production, bone marrow stimulation, and genetic factors. High blood viscosity increases the risk for potential vascular complications involving the coronary, cerebrovascular, and peripheral vascular circulations, although there is limited evidence supporting a relation between TTh and vascular complications.

CONCLUSION: Short-acting injectable testosterone is associated with greater risk of erythrocytosis compared with other formulations. The mechanism of the pathophysiology and its role on thromboembolic events remain unclear, although some data support an increased risk of cardiovascular events resulting from testosterone-induced erythrocytosis. Ohlander SJ, Varghese B, Pastuszak AW. Erythrocytosis Following Testosterone Therapy. Sex Med Rev 2017;X:XXX-XXX.

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Sexual Medicine Reviews. , 2017 May 16.
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UI: 28526630
INTRODUCTION: Obesity is a worldwide public health issue that has severe psychological and social implications. Erectile dysfunction also is a prevalent clinical situation, and obesity is one of the primary risk factors for its development.
AIM: To determine whether bariatric surgery can lessen erectile dysfunction in obese men because of evidence showing that weight loss in obese men contributes to decreasing erectile dysfunction and bariatric surgery contributes to significant weight loss.
METHODS: A search was conducted using Medline, LILACS, Cochrane, Scopus, CINAHL, Embase, Web of Science, Eric, and EBM up to April 13, 2016. The authors selected by title, abstract, and full text. Scottish Intercollegiate Guidelines Network checklists were used for comparative studies to show the limitations and biases of each article. RevMan 5.3 software from the Cochrane Library was used for meta-analyses. Results were demonstrated with forest plots.
MAIN OUTCOME MEASURES: The outcome selected was resolution of erectile dysfunction, which was analyzed by improvement in the International Index of Erectile Function (IIEF) score.
RESULTS: Of 185 articles analyzed, 7 were selected for systematic review. Meta-analysis of two articles that evaluated erectile function showed a 5.66-point increase in the five-item IIEF score of patients who underwent bariatric surgery (95% CI = 7.88-3.45, I2 = 35%, P < .00001), demonstrating statistical significance. Meta-analysis of three articles showed a 4.10-point increase in the IIEF erectile function score of patients who underwent bariatric surgery (95% CI = 6.10-2.10, I2 = 0%, P < .0001), demonstrating statistical significance.
19. Thyroid disrupting pesticides impair the hypothalamic-pituitary-testicular axis of a wildlife bird, Amandava amandava.

Mohanty B; Pandey SP; Tsutsui K.

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Reproductive Toxicology. 71:32-41, 2017 Apr 19.

[Journal Article]

UI: 28431984

The effect of two thyroid disrupting pesticides (TDPs) mancozeb (MCZ) and imidacloprid (IMI) on the hypothalamic-pituitary-gonadal/testicular (HPG) axis of a seasonally breeding bird, Amandava
Amandava has been evaluated. Male birds (n=8/group) were exposed to each of the pesticide (0.25% LD50 of respective pesticide) as well as to their two equimixture doses (0.25% of LD50 of each and 0.5% LD50 of each) through food for 30d during pre-breeding stage of the reproductive cycle. Reduction in weight, volume and other histopathological features revealed testicular regression. Suppression of gonadotropin releasing hormone, increased expression of gonadotropin inhibitory hormone in the hypothalamus of exposed groups as well as impairment of plasma levels of the reproduction related hormones indicated the disruption of the HPG axis. The pesticides interference of the thyroid function during the critical phase of reproductive development impaired the HPG axis; more significantly in co-exposed groups suggesting the cumulative toxicity.

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Mohanty, Banalata; Pandey, Surya Prakash; Tsutsui, Kazuyoshi.
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20.
Metabolic Syndrome Does Not Increase the Risk of Ejaculatory Dysfunction in Patients With Lower Urinary Tract Symptoms and Benign Prostatic Enlargement: An Italian Single-center Cohort Study.
De Nunzio C; Lombardo R; Gacci M; Nacchia A; Presicce F; Alkhatatbeh H; Sem S; Tubaro A.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
OBJECTIVE: To evaluate the relationship between metabolic syndrome (MetS) and ejaculatory dysfunction (EjD) in patients with lower urinary tract symptoms and benign prostatic enlargement.

MATERIALS AND METHODS: From 2012 to 2016, a consecutive series of men with lower urinary tract symptoms and benign prostatic enlargement who were attending our prostate clinic were evaluated using the International Prostate Symptom Score (IPSS) and were subsequently enrolled into a prospective database. All patients were assessed using the short form of the International Index of Erectile Function (IIEF-SF) and the Male Sexual Health Questionnaire ejaculatory dysfunction short form (MSHQ-EjD-SF) that evaluates the ability to ejaculate, the ejaculation force, the ejaculation volume, and subjective bother associated with EjD. MetS was defined according to the Adult Treatment Panel III criteria.

RESULTS: A total of 220 patients were enrolled; 48 of 220 patients (22%) presented a MetS. Mean age was 70+-8 years, mean IPSS was 8.3+-6.2, mean IIEF score was 17.3+-7.9, and mean MSHQ-EjD-SF was 9.9+-4.7. Overall, 109 of 220 patients (50%) were affected by a moderate or severe EjD. On multivariate analysis, age (odds ratio [OR]: 1.058, 95% confidence interval [CI]: 1.016-1.123; P=.007), IIEF score (OR: 0.899, 95% CI: 0.856-0.943; P=.000), and IPSS (OR: 1.065, 95% CI: 1.011-1.123; P=.018) were found to be predictors of EjD. In our series MetS was not found to be predictive of EjD.

CONCLUSION: In our single-center study, MetS has no influence on the EjD evaluated with the MSHQ-EjD-SF.
Mean velocity and peak systolic velocity can help determine ischaemic and non-ischaemic priapism.

von Stempel C; Zacharakis E; Allen C; Ramachandran N; Walkden M; Minhas S; Muneer A; Ralph D; Freeman A; Kirkham A.

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[Journal Article]
UI: 28351471

AIM: To determine the threshold waveform characteristics at Doppler ultrasound (DUS) to differentiate between ischaemic and non-ischaemic priapism.

MATERIALS AND METHODS: Fifty-two patients were categorised into "ischaemic" and "non-ischaemic" types based on clinical and blood-gas findings: 10 patients with non-ischaemic priapism; 20 with ischaemic priapism before surgical shunt placement and 22 with ischaemic priapism after surgical shunt placement. DUS traces were analysed: peak systolic velocity (PSV) and mean velocity (MV) were calculated. Histological samples were obtained at the time of surgery. Three clinical outcome groups were defined: (1) normal, (2) regular use of pharmacostimulation, and (3) refractory dysfunction/penile implant.

RESULTS: All non-ischaemic priapism cases had a PSV >50 cm/s and all but one had an MV of >6.5 cm/s. In pre-surgery ischaemic cases, all men had a PSV <50 cm/s and MV <6.5 cm/s. Two flow patterns were observed in this group: PSV <25 cm/s in all men scanned before needle aspiration; and in 6/14 after needle aspiration, a high velocity/high resistance (low net inflow)
pattern, with peak systolic flows >22 cm/s but diastolic reversal. In post-surgery ischaemic priapism, flow parameters overlapped with the non-ischaemic group. PSV/MV did not predict clinical outcome or histology.

CONCLUSION: In the present cohort, PSV <50 cm/s and MV <6.5 cm/s were predictive of ischaemic priapism (pre-shunt; p<0.01). Patients with ischaemic priapism may show PSV >22 cm/s, but have diastolic reversal and therefore low net perfusion. Post-shunt, DUS findings were extremely variable and did not predict histology or clinical outcome.

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Sexual difficulties faced by men in the Solomon Islands: a mixed-methods study.
Lui PSC; Dunne MP; Baker P; Isom V.
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Sexual Health, 2017 May 18.
[Journal Article]
UI: 28514992

Background: To date there has been little research into men's sexual and reproductive health in Pacific Island countries. The aim of this study was to describe men's sexual difficulties and barriers to their seeking reproductive health care in the Solomon Islands. Methods: The study included qualitative inquiry (17 individual interviews and three focus group discussions with a total of 21 men) and a quantitative quasi-randomised quota sample household survey (n=400). The prevalence of sexual difficulties and potential risk factors, such as chronic diseases, health risk behaviours, depression and psychological distress were measured using standardised questions translated into pidgin. Results: The most commonly self-reported sexual difficulties were premature ejaculation (39.5%), low sexual desire (29.0%), orgasm difficulty (27.3%) and erectile difficulty (4.3%). More than half (56%) of the men experienced at least one sexual difficulty. Relatively few men (7.3%) had ever sought professional health care for reproductive health problems, and 15.4% of men preferred to use kastom (traditional) medicine for sexual problems. Multivariate analysis revealed that comorbid non-communicable diseases (NCDs), low health-related quality of life and dissatisfaction with sexual relationships were independently correlated with sexual difficulties. Contrary to expectations, self-reported psychological distress was inversely associated with these difficulties. In general, the insights gained from in-depth interviews validated the survey findings. Conclusion: This study adds the first data on symptoms of sexual dysfunction among men in the Solomon Islands and is one of few studies from the Pacific region. The findings strongly suggest the need for comprehensive health services that are gender-specific and sensitive to the sexual difficulties of Islander men.
23.
Safety Profile of Collagenase Clostridium Histolyticum Stratified by Degree of Penile Curvature in Patients with Peyronie's Disease.
Hellstrom WJG; Tan RBW; Liu G.
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MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28502596

OBJECTIVE: To examine the safety of collagenase clostridium histolyticum (CCH) in adult males with penile curvature deformity <30degree. Collagenase clostridium histolyticum is indicated for treatment of Peyronie's disease (PD) in adult males with palpable plaque and a penile curvature deformity >30degree at start of therapy; however, during treatment, patients may receive CCH injections when penile curvature deformity is <30degree.

MATERIALS AND METHODS: Patients who received >2 CCH treatment cycles in 2 phase 3 studies (IMPRESS I and II) were included. All patients had penile curvature >30degree at the beginning of treatment and could receive up to 4 treatment cycles. The rate and number of treatment-related adverse events (TRAEs) with CCH treatment were compared between patients with penile curvature deformity >30degree and penile curvature <30degree.

RESULTS: The number of CCH treatment cycles included in the current analysis totaled 1204 and 289 cycles in patients with penile curvature deformity >30degree and <30degree, respectively. The incidence of most TRAEs was similar between groups. Rates of penile swelling (21.1% vs 14.5%, P=0.007), penile hemorrhage (12.8% vs 8.9%; P=0.046), and skin hyperpigmentation (1.0% vs 0.1%; P=0.025) were significantly higher in the <30degree group. The occurrence of serious TRAEs was similar between groups.

CONCLUSIONS: No clinically meaningful differences were observed with TRAE rates when CCH injections were administered at penile curvature deformity >30degree versus CCH injections at penile curvature deformity <30degree. These findings highlight the safety of continued CCH
injections for patients who have achieved penile curvature deformity <30 degree after an initial treatment cycle of CCH.

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24.
Bifurcated-bifurcated aneurysm repair is a novel technique to repair infrarenal aortic aneurysms in the setting of iliac aneurysms.
Shin SH; Starnes BW.
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[Journal Article]
UI: 28502552
BACKGROUND: Up to 40% of abdominal aortic aneurysms (AAAs) have coexistent iliac artery aneurysms (IAAs). In the past, successful endovascular repair required internal iliac artery (IIA) embolization, which can lead to pelvic or buttock ischemia. This study describes a technique that
uses a readily available solution with a minimally altered off-the-shelf bifurcated graft in the IAA to maintain IIA perfusion.

METHODS: From August 2009 to May 2015, 14 patients with AAAs and coexisting IAAs underwent repair with a bifurcated-bifurcated approach. A 22-mm or 24-mm bifurcated main body device was used in the IAA with extension of the "contralateral" limb into the IIA. Intraoperative details including operative time, fluoroscopy time, and contrast agent use were recorded. Outcome measures assessed were operative technical success and a composite outcome measure of IIA patency, freedom from reintervention, and clinically significant endoleak at 1 year.

RESULTS: Fourteen patients underwent bifurcated-bifurcated repair during the study period. Technical success was achieved in 93% of patients, with successful treatment of the AAA and IAA and preservation of flow to at least one IIA. The procedure was performed with a completely percutaneous bilateral femoral approach in 92% of patients. Three patients had a type II endoleak on initial follow-up imaging, but none were clinically significant. There were no cases of bowel ischemia or erectile dysfunction. One patient had buttock claudication ipsilateral to IIA coil embolization (contralateral to bifurcated iliac repair and preserved IIA) that resolved by 6-month follow-up. Two patients required reinterventions. One patient presented to his first follow-up visit on postoperative day 25 with thrombosis of the right external iliac limb ipsilateral to the bifurcated iliac repair, which was successfully treated with thrombectomy and stenting of the limb. This same patient presented at 83 months with growth of the preserved IIA to 3.9 cm and underwent coil embolization of the aneurysm. Another patient presented for surveillance 44 months after his original repair with component separation of the mating stent and the iliac bifurcated stent grafts. This was treated with a limb extension and endoanchors to fuse the endografts. Of the 13 patients who underwent bifurcated-bifurcated repair, 100% of the preserved IIAs remained patent at last follow-up. The composite outcome measure of IIA patency and freedom from reintervention and clinically significant endoleak at 1 year was 92% (n = 12/13).

CONCLUSIONS: In this small retrospective review, bifurcated-bifurcated aneurysm repair of aortoiliac aneurysms with preservation of perfusion to the IIA is technically feasible and safe with good short-term and midterm results in male patients.
Final adult height in long-term growth hormone-treated achondroplasia patients.

Harada D; Namba N; Hanioka Y; Ueyama K; Sakamoto N; Nakano Y; Izui M; Nagamatsu Y; Kashiwagi H; Yamamuro M; Ishiura Y; Ogitani A; Seino Y.

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[Journal Article]

UI: 28501952

The objective of this study was to evaluate the gain in final height of achondroplasia (ACH) patients with long-term growth hormone (GH) treatment. We analyzed medical data of 22 adult patients (8 males and 14 females) treated with GH at a dose of 0.05 mg/kg/day. Optionally, tibial lengthening (TL) was performed with the Ilizarov method in 15 patients and TL as well as femoral lengthening (FL) in 6 patients. Concomitant gonadal suppression therapy with buserelin acetate was applied in 13 patients. The mean treatment periods with GH were 10.7 +/- 4.0 and 9.3 +/- 2.5 years for males and females, respectively. GH treatment augmented the final height +0.60 +/- 0.52 SD (+3.5 cm) and +0.51 +/- 1.29 SD (+2.8 cm) in males and females compared to non-treated ACH patients, respectively. Final height of ACH patients that underwent GH and TL increased +1.72 +/- 0.72 SD (+10.0 cm) and +1.95 +/- 1.34 SD (+9.8 cm) in males and females, respectively. GH, TL, and FL increased their final height +2.97 SD (+17.2 cm) and +3.41 +/- 1.63 SD (+17.3 cm) in males and females, respectively. Gonadal suppression therapy had no impact on final height.

CONCLUSIONS: Long-term GH treatment contributes to 2.6 and 2.1% of final adult height in male and female ACH patients, respectively.
Harada, Daisuke; Namba, Noriyuki; Hanioka, Yuki; Ueyama, Kaoru; Sakamoto, Natsuko; Nakano, Yukako; Izui, Masafumi; Nagamatsu, Yuiko; Kashiwagi, Hiroko; Yamamuro, Miho; Ishiura, Yoshihito; Ogitani, Ayako; Seino, Yoshiki.

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We investigated the effects of testosterone replacement therapy (TRT) on metabolic factors among hypogonadal men with a metabolic syndrome. From the study population of the EARTH study, which was a randomised controlled study in Japan, 65 hypogonadal patients with a metabolic syndrome, comprising the TRT group (n = 32) and controls (n = 33), were included in this study analysis. The TRT group was administered 250mg of testosterone enanthate as an intramuscular injection every 4 weeks for 12 months. Waist circumference, body mass index, body fat volume and blood pressure were measured in all patients at baseline and at 12 months. In addition, blood biochemical data, including total cholesterol, triglyceride (TG), HDL cholesterol, fasting plasma glucose (FPG) and haemoglobin A1c (HbA1c) levels, were also evaluated. Changes in these categories from baseline to 12 months were compared between the TRT and control groups, with significant differences observed in waist circumference, body fat percentage, FPG, TG and HbA1c levels. No significant differences were observed in other parameters. TRT for 1 year was associated with improvements in some metabolic factors among Japanese men with hypogonadism and metabolic syndrome.
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27.
Testosterone treatment and cardiovascular and venous thromboembolism risk: what is 'new'?.
Corona G; Dicuio M; Rastrelli G; Maseroli E; Lotti F; Sforza A; Maggi M.
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In men, testosterone (T) production declines as a function of ageing. Late-onset hypogonadism (LOH) is the most commonly used term to indicate this age-related condition. In LOH, the relative clinical significance and the potential benefit of testosterone treatment (TTh) are still the subject of strong criticisms in the scientific community. The debate is further complicated by the recent position statement of the US Food and Drug Administration (FDA) emphasizing that, in LOH, the benefits and safety of TTh have not been fully established. Hence, the FDA required a labeling change to inform patients about a possible increased cardiovascular (CV) risk of TTh. Similar considerations were previously released by the FDA and by Health Canada concerning a TTh-related venous thromboembolism (VTE) risk. In this review, we will summarize the available evidence concerning a possible link among TTh and CV and VTE risks. For this purpose, data derived from epidemiological studies analyzing relationships between the aforementioned risks and endogenous T levels will be analyzed. In addition, evidence deriving from interventional studies including pharmacoepidemiological and placebo-controlled randomized controlled trials (RCTs) will be examined. Our analysis shows that available data do not support an increased CV risk related to TTh. Similar considerations can be drawn for the relationship between TTh and VTE. The previously reported cases of TTh-related VTE were frequently related to a previously undiagnosed thrombophilia-hypofibrinolysis status. Hence, an anamnestic screening for thrombophilia before starting TTh is recommended, just as it is for the use of oral contraceptives.

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Pulsatile GnRH therapy may restore hypothalamus-pituitary-testis axis function in patients with congenital combined pituitary hormone deficiency: a prospective, self-controlled trial.
Zheng J; Mao J; Xu H; Wang X; Huang B; Liu Z; Cui M; Xiong S; Ma W; Min L; Kaiser UB; Nie M; Wu X.
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Context: The effectiveness of pulsatile gonadotropin-releasing hormone (GnRH) therapy in congenital combined pituitary hormone deficiency (CCPHD) patients has not been investigated due to the limited number of patients as well as these patients' presumed pituitary hypoplasia, poor gonadotrophic cell reserve, and impaired gonadotrophic response to GnRH.
Objective: To assess the pituitary response to pulsatile GnRH therapy in men with CCPHD.
Design: A prospective, self-controlled, 3 months clinical trial.
Settings: A University Endocrine Clinic.
Patients: Men with hypogonadotropic hypogonadism caused by CCPHD.
Intervention(s): Pulsatile GnRH was administered subcutaneously for three months.
Main outcome measures: Primary endpoints were total serum testosterone, testicular volume, and LH and FSH levels. Secondary endpoints included occurrence of spermatogenesis.
Results: A total of 40 male CCPHD patients completed the study. Of these, 60% (24/40) showed a good response to pulsatile GnRH treatment (response group), and their LH and FSH levels increased into the normal range and testosterone levels also increased to 8.67 +/- 4.83 nmol/L at three months. Of the patients in the response group, 33.3% (8/24) of them achieved spermatogenesis. The remaining 40% (16/40) of patients had a poor response to pulsatile GnRH treatment. MRI did not reveal any correlation between pituitary response and pituitary height and/or integrity of the pituitary stalk.
Conclusions: This study suggests that gonadotrophs in CCPHD patients can exist and be functional—even with MRI evidence of pituitary hypoplasia or dysplasia. Pulsatile GnRH therapy restored pituitary-testis axis function in 60% of patients with CCPHD. These results may directly guide the clinical therapeutic choice.
29.
Prevalence of 'obesity-associated gonadal dysfunction' in severely obese men and women and its resolution after bariatric surgery: a systematic review and meta-analysis.
Escobar-Morreale HF; Santacruz E; Luque-Ramirez M; Botella Carretero JL.
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BACKGROUND: Sexual dimorphism manifests noticeably in obesity-associated gonadal dysfunction. In women, obesity is associated with androgen excess disorders, mostly the polycystic ovary syndrome (PCOS), whereas androgen deficiency is frequently present in obese men in what has been termed as male obesity-associated secondary hypogonadism (MOSH). Obesity-associated gonadal dysfunction, consisting of PCOS in women and MOSH in men, is a frequent finding in patients with severe obesity and it may be ameliorated or even resolve with marked weight loss, especially after bariatric surgery.
OBJECTIVE AND RATIONALE: We aimed to obtain an estimation of the prevalence of obesity-associated gonadal dysfunction among women and men presenting with severe obesity and to evaluate the response to bariatric surgery in terms of resolution and/or improvement of this condition and changes in circulating sex hormone concentrations.
SEARCH METHODS: We searched PubMed and EMBASE for articles published up to June 2016. After deleting duplicates, the abstract of 757 articles were analyzed. We subsequently excluded 712 articles leaving 45 studies for full-text assessment of eligibility. Of these, 16 articles were excluded. Hence, 29 studies were included in the quantitative synthesis and in the different meta-analyses. Quality of the studies was assessed using the Quality index for prevalence studies and the Quality Assessment Tool for Before-After (Pre-Post) Studies With No Control Group available from the National Heart, Lung and Blood Institute. For meta-analyses including more than 10 studies, we used funnel and Doi plots to estimate publication bias.
OUTCOMES: In severely obese patients submitted to bariatric surgery, obesity-associated gonadal dysfunction was very prevalent: PCOS was present in 36% (95CI 22-50) of women and MOSH was present in 64% (95CI 50-77) of men. After bariatric surgery, resolution of PCOS was found in 96% (95CI 89-100) of affected women and resolution of MOSH occurred in 87% (95CI 76-95) of affected men. Sex hormone-binding globulin concentrations increased after bariatric surgery in women (22 pmol/l, 95CI 2-47) and in men (22 pmol/l, 95CI 19-26) and serum estradiol concentrations decreased in women (-104 pmol/l, 95CI -171 to -39) and to a lesser extent in men (-22 pmol/l, 95CI -38 to -7). On the contrary, sex-specific changes were observed in serum androgen concentrations: for example, total testosterone concentration increased in men (8.1 nmol/l, 95CI 6-11) but decreased in women (-0.7 nmol/l, 95CI -0.9 to -0.5). The latter was accompanied by resolution of hirsutism in 53% (95CI 29-76), and of menstrual dysfunction in 96% (95CI 88-100), of women showing these symptoms before surgery.

WIDER IMPLICATIONS: Obesity-associated gonadal dysfunction is among the most prevalent comorbidities in patients with severe obesity and should be ruled out routinely during their initial diagnostic workup. Considering the excellent response regarding both PCOS and MOSH, bariatric surgery should be offered to severely obese patients presenting with obesity-associated gonadal dysfunction.

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Does Transfer Capacitive Resistive Energy Has a Therapeutic Effect on Peyronie's Disease? Randomized, Single-Blind, Sham-Controlled Study on 96 Patients: Fast Pain Relief. Pavone C; Romeo S; D'Amato F; Usala M; Letizia Mauro G; Caruana G. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Urologia Internationalis. , 2017 May 09. [Journal Article] UI: 28482350

Background/Aims/Objectives: We have investigated the clinical and physiological effects of Transfer Capacitive Resistive Energy (TCARE) therapy on men with Peyronie's disease (PD).

METHODS: Ninety-six men with PD have been randomized in a 2:1 ratio to receive 3 sessions of TCARE therapy or sham therapy. Pain, penile curvature and erectile function have been assessed before the first treatment and up to 9 months after the end of treatment, using the Visual Analogue Scale for the pain, a goniometer to measure the degree of curvature using at-home photography and an International Index of Erectile Function (IIEF-5) questionnaire.

RESULTS: A significant pain reduction at the end of the treatment in 51 (79.6%) patients (p < 0.01) of the treated group was observed. No significant improvements in the sham group (p = 0.23) have been observed. No statistical differences in the degree of curvature have been observed in both groups. No statistical improvements have been observed in the IIEF-5 questionnaire. Adverse events have not been reported.

CONCLUSION: This is, to our knowledge, the first randomized, single-blind, sham-controlled study that shows that TCARE has a positive short-term clinical effect on pain in patients with PD.
The feasibility and tolerability of this treatment produce an attractive new therapeutic option for men with PD.
late-onset T2DM, those with early-onset T2DM had a higher proportion of new-onset diabetes, were more likely to be obese, and had worse glycemic control, lipid control, and lower sex hormone-binding globulin (SHBG). The prevalence of hypogonadism was much higher in the early-onset group than in the late-onset group (48.0% vs. 26.7%, p < 0.05). The rate of secondary hypogonadism in the early-onset group and late-onset group were 44.3% and 25.0%, respectively (p < 0.05). Obesity, waist circumference, and SHBG were significantly associated with serum total testosterone level in all, early-onset, and late-onset T2DM. Both all and early-onset T2DM groups had positive correlations between total testosterone and fasting C-peptide, total cholesterol, triglycerides, and uric acid. Our results indicate that in a population of admission to a large urban hospital in China, the prevalence of hypogonadism was higher in the patients with early-onset T2DM than that of late-onset T2DM. This prevalence might be attributable to greater obesity, worse lipid control, and lower SHBG levels in those patients.

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BACKGROUND: Prostate cancer (PCa) is the most commonly diagnosed malignancy and the third leading cause of cancer death among men in developed countries. Because some risk factors are common between erectile dysfunction (ED) and PCa, we investigated the association between ED and subsequent PCa.

METHODS: This nationwide population-based cohort study used data from the Taiwan National Health Insurance Research Database for the period 2000-2010. We identified patients newly diagnosed with ED by using codes from the International Classification of Diseases, Ninth Revision, Clinical Modification.

RESULTS: In total, 5858 and 23432 patients were enrolled in the ED and non-ED cohorts, respectively. After adjustment for age, sex, and comorbidities, the overall incidence densities of PCa were significantly higher in the ED cohort than in the non-ED cohort, with an adjusted hazard
ratio (aHR) of 1.19. The age-specific relative risk of PCa was significantly higher for all age groups in the ED cohort than in the non-ED cohort. Compared with patients without ED, those with organic ED had a 1.27-fold higher risk of PCa.

CONCLUSION: ED is a harbinger of PCa in some men. Physicians should consider the possibility of occult PCa in patients with ED regardless of age and comorbidities.

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INTRODUCTION: To improve care for patients after radical cystoprostatectomy (RCP), focus on survivorship issues such as sexual function needs to increase. Previous studies have demonstrated the burden of erectile dysfunction (ED) after RCP to be as high as 89%.

AIM: To determine the rates of ED treatment use (phosphodiesterase type 5 inhibitors, injectable therapies, urethral suppositories, vacuum erection devices, and penile prosthetics) in patients with bladder cancer before and after RCP to better understand current patterns of care.

METHODS: Men with bladder cancer undergoing RCP were identified in the MarketScan database (2010-2014). ED treatment use was assessed at baseline (during the 1 year before RCP) and at 6-month intervals (0-6, 7-12, 13-18, 19-24 months) after RCP. Multivariable logistic regression models were used to identify predictors of ED treatment use at 6-month intervals after RCP.

OUTCOMES: ED treatment rates and predictors of ED treatment at 0-6, 7-12, 13-18, 19-24 month follow-up after RCP.

RESULTS: At baseline, 6.5% of patients (77 of 1,176) used ED treatments. The rates of ED treatment use at 0 to 6, 7 to 12, 13 to 18, and 19 to 24 months after RCP were 15.2%, 12.7%, 8.1%, and 10.1% respectively. Phosphodiesterase type 5 inhibitors were the most commonly used treatment at all time points. In the multivariable model, predictors of ED treatment use at 0 to 6 months after RCP were age younger than 50 years (odds ratio [OR] = 3.17, 95% CI = 1.68-6.01), baseline ED treatment use (OR = 5.75, 95% CI = 3.08-10.72), neoadjuvant chemotherapy (OR = 1.72, 95% CI = 1.13-2.61), and neobladder diversion (OR = 2.40, 95% CI = 1.56-3.70). Baseline ED treatment use continued to be associated with ED treatment use at 6 to 12 months (OR = 5.63, 95% CI = 2.42-13.10) and 13 to 18 months (OR = 8.99, 95% CI = 3.05-26.51) after RCP.

CLINICAL IMPLICATIONS: While the burden of ED following RCP is known to be high, overall ED treatment rates are low. These findings suggest either ED treatment is low priority for RCP patients or education about potential ED therapies may not be commonly discussed with patients following RCP. Urologists should consider discussing sexual function more frequently with their RCP patients.
STRENGTHS & LIMITATIONS: Strengths include the use of a national claims database, which allows for longitudinal follow-up and detailed information on prescription medications and devices. Limitations include the lack of pathologic and oncologic outcomes data.

CONCLUSION: ED treatment use after RCP is quite low. The strongest predictor of ED treatment use after RCP was baseline treatment use. These findings suggest ED treatment is a low priority for patients with RCP or education about potential ED therapies might not be commonly discussed with patients after RCP. Urologists should consider discussing sexual function more frequently with their patients undergoing RCP. Chappadi MR, Kates M, Sopko NA, et al. Erectile Dysfunction Treatment Following Radical Cystoprostatectomy: Analysis of a Nationwide Insurance Claims Database. J Sex Med 2017;XX:XXX-XXX.

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Effect of Corticosteroids and Cyclophosphamide on Sex Hormone Profiles in Male Patients With Systemic Lupus Erythematosus or Systemic Sclerosis.

Arnaud L; Nordin A; Lundholm H; Svenungsson E; Hellbacher E; Wikner J; Zickert A; Gunnarsson I.

OBJECTIVE: Systemic lupus erythematosus (SLE) and systemic sclerosis (SSc) are autoimmune diseases that predominantly affect female patients, and therefore fewer investigations have been conducted in men. The aim of this study was to analyze sex hormone levels in male patients with SLE and those with SSc, compared to matched controls, in relation to the use of corticosteroids and cyclophosphamide (CYC).

METHODS: Sex hormone levels were measured in fasting blood samples from male patients with SLE (n=71) and those with SSc (n=29) and compared to those population-based, age-matched male controls. Relevant hormone profiles were identified using cluster analysis.

RESULTS: Male SLE patients had higher levels of luteinizing hormone (LH) (P<0.0001) and more frequent bioactive testosterone deficiency (P=0.02) than their matched controls. The current dosage of prednisolone correlated inversely with the levels of bioactive testosterone (r=-0.36, P=0.03). Cluster analysis identified a subset of SLE patients with increased levels of follicle-stimulating hormone, LH, and prolactin as well as lower levels of bioactive testosterone (P<0.0001) in relation to higher daily doses of prednisolone. In male SSc patients, levels of testosterone (P=0.03) and bioactive testosterone (P=0.02) were significantly lower than those in matched controls. Use of CYC during the previous year was associated with lower bioactive testosterone levels in both SLE patients (P=0.02) and SSc patients (P=0.01), after adjustment for age.

CONCLUSION: The results of this study highlight the negative impact of corticosteroids on gonadal function in men with SLE. Furthermore, use of CYC during the year prior to study inclusion impaired bioactive testosterone levels in male patients with either SLE or SSc. Physicians should be more aware of the possibility of hypogonadism in male patients with autoimmune diseases. The need for hormonal supplementation remains to be formally evaluated in these patients.
Sexual dysfunction in subjects treated with inhibitors of 5alpha-reductase for benign prostatic hyperplasia: a comprehensive review and meta-analysis. [Review]

Corona G; Tirabassi G; Santi D; Maseroli E; Gacci M; Dicuio M; Sforza A; Mannucci E; Maggi M. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Andrology. , 2017 Apr 28.

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Despite their efficacy in the treatment of benign prostatic hyperplasia, the popularity of inhibitors of 5alpha-reductase (5ARIs) is limited by their association with adverse sexual side effects. The
aim of this study was to review and meta-analyze currently available randomized clinical trials evaluating the rate of sexual side effects in men treated with 5ARIs. An extensive Medline Embase and Cochrane search was performed including the following words: 'finasteride', 'dutasteride', 'benign prostatic hyperplasia'. Only placebo-controlled randomized clinical trials evaluating the effect of 5ARI in subjects with benign prostatic hyperplasia were considered. Of 383 retrieved articles, 17 were included in this study. Randomized clinical trials enrolled 24,463 in the active and 22,270 patients in the placebo arms, respectively, with a mean follow-up of 99 weeks and mean age of 64.0 years. No difference was observed between trials using finasteride or dutasteride as the active arm considering age, trial duration, prostate volume or International Prostatic Symptoms Score at enrollment. Overall, 5ARIs determined an increased risk of hypoactive sexual desire [OR = 1.54 (1.29; 1.82); p < 0.0001] and erectile dysfunction [OR = 1.47 (1.29; 1.68); p < 0.0001]. No difference between finasteride and dutasteride regarding the risk of hypoactive sexual desire and erectile dysfunction was observed. Meta-regression analysis showed that the risk of hypoactive sexual desire and erectile dysfunction was higher in subjects with lower Qmax at enrollment and decreased as a function of trial follow-up. Conversely, no effect of age, low urinary tract symptom or prostate volume at enrollment as well as Qmax at end-point was observed. In conclusion, present data show that the use of 5ARI significantly increases the risk of erectile dysfunction and hypoactive sexual desire in subjects with benign prostatic hyperplasia. Patients should be adequately informed before 5ARIs are prescribed.

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OBJECTIVE: The objective of this study was to estimate gonadotropin concentrations in small for gestational age (SGA) male infants with the reactivation of the hypothalamic-pituitary-gonadal axis during the first few months of life that is important for genital development.

STUDY DESIGN: We prospectively examined 15 SGA and 15 appropriate for gestational age (AGA) preterm male infants between 2013 and 2014 at Kyoto University Hospital. Gonadotropin concentrations (luteinizing hormone (LH) and follicle-stimulating hormone (FSH)) were measured in serial urine samples from the postnatal days 7 to 168 and compared between SGA and AGA infants using the Mann-Whitney test.

RESULTS: A longitudinal analysis showed that SGA infants had higher LH and lower FSH concentrations (P=0.004 and P=0.006, respectively) than AGA infants.
CONCLUSION: Male infants who are SGA at birth because of fetal growth restriction have gonadotropin secretion abnormalities in the first few months of life. Journal of Perinatology advance online publication, 27 April 2017; doi:10.1038.jp.2017.55.

Possible role of serum testosterone, gonadotropins and prolactin in patients with premature ejaculation.

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UI: 28439908

Premature ejaculation (PE) is the most common male sexual dysfunction. This study aimed to investigate the role of serum testosterone, gonadotropins and prolactin in patients with PE. In a prospective a case-controlled study, it was conducted on 90 male patients with PE and 90 male
healthy participants as controls. Patients were evaluated by Premature Ejaculation Diagnostic Tool (PEDT) and intravaginal ejaculatory latency time (IELT). Patients with mean IELT values <60 s and PEDT total scores >11 were considered to have PE. Serum levels of total testosterone (TT), free testosterone (FT), follicle-stimulating hormone (FSH), luteinising hormone (LH) and prolactin (PL) were investigated in patients with PE and controls. There was no statistically significant difference between patients with PE and controls regarding the serum levels of TT, FT, FSH, LH and PL (p value >.05). There was no significant correlation between the sex hormones levels (TT, FT, FSH, LH and PL) and (age, body mass index (BMI), IELTS and total PEDT scores of the patients; p value >.05). This study concluded that there was no disturbance in serum levels of testosterone, gonadotropins and prolactin in patients with PE and controls. These hormones could not relate to pathogenesis of PE.

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38.
The Impact of Multiple Prostate Biopsies on Risk for Major Complications Following Radical Prostatectomy: a Population-Based Cohort Study.

Olvera-Posada D; Welk B; McClure JA; Winick-Ng J; Izawa JI; Pautler SE.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
OBJECTIVE: To evaluate the impact of multiple transrectal ultrasound-guided prostate biopsies (TRUS-Bx) before radical prostatectomy (RP) on surgical outcomes.

METHODS: Administrative databases were used to identify all patients who had a RP performed in the province of Ontario from April 1, 2002 to March 31, 2013. TRUS-Bx prior to RP were identified and patients were categorized as having one or more than one prior TRUS-Bx. The primary end point was a composite index of serious surgical complications. Secondary outcomes included oncological interventions, functional-related events, and general health service-related outcomes.

RESULTS: Among 27,637 patients, 4780 (17.3%) had >2 biopsies performed before RP. The proportion of patients who experienced the composite end point was similar between those with one TRUS-Bx compared to those with >2 TRUS-Bx (1.05% vs 1.19%, OR 1.14, 95% CI 0.85-1.52). Patients with > 2 biopsies were more likely to have a perioperative blood transfusion compared to patients with only one biopsy (15.5% vs 12.8%, OR 1.25, 95% CI 1.15-1.37), while readmission rate and 30-day mortality were similar. The need for radiotherapy and androgen deprivation therapy within the first year after RP was higher in patients with a single biopsy. Patients with multiple TRUS-Bx were more likely to require post-RP urodynamic evaluation and bladder neck contracture-related interventions but were not at increased odds of surgery for incontinence or erectile dysfunction.

CONCLUSIONS: Perioperative outcomes after RP are similar between men with single or multiple TRUS-Bx, although multiple TRUS-Bx was associated with an increased odds of perioperative blood transfusion.

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39.
Meta-analysis of Results of Testosterone Therapy on Sexual Function Based on International
Index of Erectile Function Scores.
Corona G; Rastrelli G; Morgentaler A; Sforza A; Mannucci E; Maggi M.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28434676
CONTEXT: The interpretation of available clinical evidence related to the effect of testosterone
(T) treatment (TTh) on sexual function has been inconsistent, in part due to the use of different
and self-reported measures to assess outcomes. The International Index of Erectile Function
(IIEF) is the most frequently used validated tool to assess male sexual function.
OBJECTIVE: To perform a meta-analysis of available data evaluating the effect of TTh on male
sexual function using IIEF as the primary outcome.
EVIDENCE ACQUISITION: An extensive Medline, Embase, and Cochrane search was performed
including all placebo-controlled randomized clinical trials enrolling men comparing the effect of
TTh on sexual function.
EVIDENCE SYNTHESIS: Out of 137 retrieved articles, 14 were included in the study enrolling
2298 participants, with a mean follow-up of 40.1 wk and mean age of 60.2+/-6.5 yr. Using IIEF-
erectile function domain (IIEF-EFD) as the outcome, we found that TTh significantly improved
erectile function compared with placebo (mean difference=2.31 [1.41;3.22] IIEF-EFD score,
p<0.0001). Patients with more severe hypogonadism (total T<8 nmol/l) reported greater changes in final IIEF-EFD score when compared with those with a milder T deficiency (total T<12 nmol/l; 1.47 [0.90;2.03] and 2.95 [1.86;4.03] for total T<12 nmol/l and <8 nmol/l, respectively, Q=5.61, p=0.02). The magnitude of the effect was lower in the presence of metabolic derangements, such as diabetes and obesity. Other aspects of sexual function, as evaluated by IIEF subdomains, were also improved with TTh including libido, intercourse satisfaction, orgasm, and overall sexual satisfaction.

CONCLUSIONS: TTh significantly improves erectile function and other sexual parameters as measured by IIEF in hypogonadal men. These results argue that sexual dysfunction should be considered a hallmark manifestation of T deficiency, since those symptoms can be significantly improved with normalization of serum T. In addition, these results suggest that TTh alone may be considered a reasonable treatment for hypogonadal men with milder degrees of erectile dysfunction, whereas the addition of other treatments, such as phosphodiesterase type 5 inhibitors, may be more appropriate for men with more severe erectile dysfunction.

PATIENT SUMMARY: We investigated the effect of testosterone treatment on sexual function by performing a meta-analysis of all available studies that used the most frequently used assessment tool, the International Index of Erectile Function. We found that testosterone treatment significantly improves erectile dysfunction, as well as other aspects of sexual function, in men with testosterone deficiency. This treatment may be all that is required for hypogonadal men with milder erectile dysfunction; however, additional treatments may be necessary in more severe cases.

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40.
Gender Differences in Sexual Interest or Activity among Adults with Symptomatic Heart Failure.
Fischer S; Bekelman D.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28318353
CONTEXT: Problems with sexual function can have a detrimental effect on quality of life. Symptomatic heart failure has been associated with problems with sexual function, although the majority of reports are focused on men and erectile dysfunction. Understanding women's perception of and gender differences in problems with sexual function in heart failure could yield new insights.
OBJECTIVES: To determine the gender differences in reporting and bothersomeness of problems with sexual function, defined as sexual interest or activity.
METHODS: Observational, cross-sectional study of adults with symptomatic heart failure from three health systems participating in a clinical trial. Eligible participants completed baseline surveys of symptom prevalence and bothersomeness. Logistic regression modeling was used to identify patient-level factors associated with problems with sexual interest or activity.
RESULTS: Among 314 patients with heart failure, we found large differences in reporting a problem with sexual function or interest in men (62.4%, n=154/247) compared with women (37.9%, n=25/66, p=0.0004). When the symptom was reported, both men and women found it
equally bothersome; 73.4% of men and 64.0% of women responded that this problem bothered them quite a bit or very much ($p=0.33$). After adjusting for age, marital status, and income, men relative to women were still more likely to report problems with sexual function (OR 3.5, 95% CI 1.8-6.8).

CONCLUSION: While men more commonly reported problems with sexual function, both genders were similarly highly bothered by this problem. These findings support the need for further research to assess and manage this symptom in both men and women with heart failure.

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Date Created
20170320
Year of Publication
2017

41.
Partial gland treatment of prostate cancer utilizing high-intensity focused ultrasound in the primary and salvage setting: a systematic review. [Review]
Golan R; Bernstein AN; McClure TD; Sedrakyan A; Patel NA; Parekh DJ; Marks LS; Hu JC.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 28433640
PURPOSE: Advances in prostate imaging, biopsy and ablative technologies have been accompanied by growing enthusiasm for partial gland ablation, particularly using high-intensity focused ultrasound (HIFU) for treating prostate cancer. The preservation of non-cancerous prostate tissue and minimizing damage to the neurovascular bundles and external urethral sphincter may improve functional outcomes.

MATERIALS AND METHODS: A systematic review was performed following the PRISMA guidelines using a combination of MeSH terms, free-text search, and review of relevant bibliographies using Medline and Embase from the inception of each database through October 10, 2016. We excluded studies performing exclusively whole-gland ablation, case reports, and series where treatment was followed by immediate resection.

RESULTS: Thirteen papers that enrolled a total of 543 patients were included. Eleven were performed in the primary setting and two in the salvage setting. The median follow-up ranged from 6 months to 10.6 years. Post-treatment erectile dysfunction and urinary incontinence occurrence varied from 0-48% and 0-50%, respectively, with definitions varying by study. In total there were 254 reported complications. Marked heterogeneity between studies limited the ability to pool results with regards to functional and oncologic outcomes. Seventy-six patients (14%) went on to receive further oncologic treatment.

CONCLUSIONS: Early evidence suggests that partial gland ablation is a safe treatment option for men with localized disease. Longer-term data are needed to evaluate oncologic efficacy and functional outcomes, and will aid in identifying the optimal candidates for therapy. Standardization of outcome definitions will allow for better comparison between studies and among treatment modalities.

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Status
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Authors Full Name
Golan, Ron; Bernstein, Adrien N; McClure, Timothy D; Sedrakyan, Art; Patel, Neal A; Parekh, Dipen J; Marks, Leonard S; Hu, Jim C.
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42.
Polyembryoma of the testis: a report of two cases dominant within mixed germ cell tumors and review of gonadal polyembryomas. [Review]
Stall JN; Young RH.
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[Journal Article. Review]
UI: 28429716
Two testicular mixed germ cell tumors, from men of 21 and 41 years, in which polyembryoma predominated are described. A literature review uncovered an additional five testicular and nine ovarian cases. One tumor occurred in a 60-year-old man, but all others occurred within the typical age range of gonadal germ cell tumors. One male presented with gynecomastia and one female with sexual precocity, but all otherwise had standard clinical manifestations. These tumors are typically large with non-specific gross features, but a few have a prominent hemorrhagic appearance. No tumor is known to have been entirely composed of embryoid bodies, the unit upon which the diagnosis of polyembryoma is based. The most common additional germ cell tumor component is teratoma, present in the great majority of cases, with an approximately equal smaller number of tumors being associated with embryonal carcinoma and yolk-sac tumor, manifest as overgrowths of these elements, derived from the parent epithelium within the embryoid body. Rarely there is choriocarcinoma, and syncytiotrophoblast and hepatoid cells are occasionally present. The microscopic features of the tumors vary according to the arrangement
of embryoid bodies with other elements, the prominence of associated typically myxoid to edematous stroma, and the degree to which embryoid bodies are perfectly or imperfectly formed. Although its presence in a gonadal mixed germ cell tumor is probably not associated with any special behavior, its unique features should result in polyembryoma being recorded, particularly when present in significant amount. Furthermore, awareness of its features may facilitate recognition, particularly when seen at metastatic sites or extra-gonadal sites of primary germ cell neoplasia. Whether polyembroma should be considered a distinctive pattern of mixed germ cell neoplasia or a particular variant of high-grade immature teratoma is considered, herein, and arguments can be made in favor of each viewpoint. Modern Pathology advance online publication, 21 April 2017; doi:10.1038/modpathol.2017.25.

Significance of serum endothelial cell specific molecule-1 (Endocan) level in patients with erectile dysfunction: a pilot study.

Karabakan M; Bozkurt A; Akdemir S; Gunay M; Keskin E.

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International Journal of Impotence Research. , 2017 Apr 20. [Journal Article]

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This study aimed to measure the serum endocan level of patients with erectile dysfunction (ED) and to investigate the possible association between the Endothelial-specific molecule-1 (Endocan) level and ED. Twenty healthy and sixty-four male patients included in the study were divided into four groups: severe ED (19 patients), moderate ED (24 patients), mild ED (21 patients) and control group (20 healthy men). The erectile function of all the patients was evaluated using the International Index of Erectile Function-5 (IIEF-5) questionnaire. The body mass index (BMI) of each participant was determined, together with levels of fasting blood glucose, total testosterone, low- and high-density lipoprotein cholesterol, triglyceride and endocan in serum samples. No significant difference was found between the three ED groups and the control group in terms of the mean age, BMI and the levels of cholesterol and fasting blood glucose (P>0.05). The mean serum endocan level was found to 1.076+/-0.5, 0.674+/-0.40 and 0.671+/-0.3ngml-1 in the severe, moderate and mild ED groups, respectively. This indicated that the highest value was obtained from the severe ED group, and the difference between the severe ED group and the other groups was statistically significant. In the control group, the serum endocan level was 0.73+/-0.46ngml-1, which was significantly higher compared to the moderate and mild ED groups (P<0.05). The significant difference between the control and ED groups in terms of the serum endocan level can assist in the evaluation of endothelial pathologies in the etiology ED.


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Date Created
20170420
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2017
Percutaneous transluminal coronary angioplasty for acute myocardial infarction: the impact on sexual function in men.

Golawski C; Dluzniewski M; Kostarska-Srokosz E; Nowosielski K; Syska-Suminska J; Chmielewski M; Kowalczyk R.

The aim of this study was to evaluate changes in men's sexual function after percutaneous transluminal coronary angioplasty (PTCA) treatment for acute myocardial infarction (MI). Sixty men aged 18-70 years old were included in the study. All patients had acute MI and underwent PTCA. They underwent two post PCTA visits: 3 days and between 4 and 6 months after PTCA. During the first and second visit a standard medical interview was carried out and sexual function data collected using Changes in Sexual Functioning Questionnaire and International Index of Erectile Function (IIEF-15). The results showed no statistical differences in IIEF and CSQF scores before and after PTCA. However, when cutoff points were used, a significant decrease in severe erectile dysfunction (ED) prevalence according to IIEF (25.0% vs 16.7%; P=0.02) was observed. Based on the results, we concluded that sexual function significantly improved in the subset of men with severe ED who underwent PTCA as a treatment for acute MI, 4-6 months after the procedure. International Journal of Impotence Research advance online publication, 20 April 2017; doi:10.1038/ijir.2017.11.
OBJECTIVES: In the absence of large, prospective, placebo-controlled studies of longer duration, substantial evidence regarding the safety and risk of testosterone (T) therapy (TTh) with regard to cardiovascular (CV) outcomes can only be gleaned from observational studies. To date, there are limited studies comparing the effects of long-term TTh in men with hypogonadism who were treated or remained untreated with T, for obvious reasons. We have established a registry to assess the long-term effectiveness and safety of T in men in a urological setting. Here, we sought to compare the effects of T on a host of parameters considered to contribute to CV risk in treated and untreated men with hypogonadism (control group).
PATIENTS AND METHODS: Observational, prospective, cumulative registry study in 656 men (age: 60.7 +/- 7.2 years) with total T levels <12.1 nmol/L and symptoms of hypogonadism. In the treatment group, men (n = 360) received parenteral T undecanoate (TU) 1000 mg/12 weeks following an initial 6-week interval for up to 10 years. Men (n = 296) who had opted against TTh served as controls. Median follow-up in both groups was 7 years. Measurements were taken at least twice a year, and 8-year data were analyzed. Mean changes over time between the 2 groups were compared by means of a mixed-effects model for repeated measures, with a random effect for intercept and fixed effects for time, group, and their interaction. To account for baseline differences between the 2 groups, changes were adjusted for age, weight, waist circumference, fasting glucose, blood pressure, and lipids.

RESULTS: There were 2 deaths in the T-treated group, none was related to CV events. There were 21 deaths in the untreated (control) group, 19 of which were related to CV events. The incidence of death in 10 patient-years was 0.1145 in the control group (95% confidence interval [CI]: 0.0746-0.1756; P < .000) and 0.0092 in the T-treated group (95% CI: 0.0023-0.0368; P < .000); the estimated difference between groups was 0.0804 (95% CI: 0.0189-0.3431; P < .001).

The estimated reduction in mortality for the T-group was between 66% and 92%. There were also 30 nonfatal strokes and 26 nonfatal myocardial infarctions in the control group and none in the T-treated group.

CONCLUSION: Long-term TU was well tolerated with excellent adherence suggesting a high level of patient satisfaction. Mortality related to CV disease was significantly reduced in the T-group.
Clinical Experience With Penile Traction Therapy Among Men Undergoing Collagenase Clostridium histolyticum for Peyronie Disease.

Ziegelmann MJ; Viess BR; Montgomery BD; Avant RA; Savage JB; Trost LW.

OBJECTIVE: To evaluate the outcomes in men undergoing collagenase Clostridium histolyticum (CCH) with concurrent penile traction therapy (PTT) for the treatment of Peyronie disease (PD).

MATERIALS AND METHODS: We identified patients treated with CCH between March 2014 and July 2016. Patients were recommended to perform modeling and PTT between injection series. A final curve assessment was performed after patients completed CCH. A prospective database was maintained, including patient-reported frequency and duration of PTT. Statistical analysis was performed to evaluate outcomes based on use and duration of PTT.

RESULTS: A total of 51 patients completed CCH and had complete objective data available for analysis. Mean (standard deviation [SD]) baseline curvature was 66.7 (25.0) degrees, and mean (SD) improvement post CCH was 20.9 (17.3) degrees (P<.0001). Thirty-five (69%) men reported daily PTT for a mean (SD) of 9.8 (6.3) hours per week. No significant difference was identified in the degree of curve improvement based on frequency or duration of PTT (P=.40). Similarly, no associations between PTT and functional outcomes including intercourse restoration and surgery prevention were identified. Stretched penile length increased nonsignificantly by a mean (SD) of +0.4 (1.5) cm in the PTT group, compared with -0.35 (1.5) in the non-PTT group (P=.21).

CONCLUSION: The current series represents a "true-to-life" experience, wherein utilization patterns, attrition, and compliance issues are relevant factors impacting efficacy. PTT use with the Andropenis declined in both frequency and duration with subsequent injection series, and there was no significant difference in curve improvement or stretched penile length with a mean 10 hours of weekly concurrent PTT.

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Status
Chronic Prostate Inflammation Predicts Symptom Progression in Patients with Chronic Prostatitis/Chronic Pelvic Pain.
Nickel JC; Freedland SJ; Castro-Santamaria R; Moreira DM.
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[Journal Article]
UI: 28089730
PURPOSE: We examined the 4-year longitudinal association between histological prostate inflammation and chronic prostatitis/chronic pelvic pain syndrome. We also studied the development of new and progressing existing chronic prostatitis/chronic pelvic pain syndrome in men randomized to placebo in the REDUCE (REduction by DUtasteride of prostate Cancer Events) population.
MATERIALS AND METHODS: At multiple time points during 4 years univariable and multivariable analyses were performed between acute and chronic inflammation detected on
baseline biopsies and the incidence of chronic pelvic pain syndrome-like symptoms, defined as a positive response to CPSI (Chronic Prostatitis Symptom Index) question 1a-perineal pain and/or question 2b-ejaculatory pain and a total pain subscore of at least 4, and progression of chronic prostatitis/chronic pelvic pain syndrome, defined as a 4-point or greater increase from baseline in total CPSI score, in patients with a baseline categorization of chronic prostatitis/chronic pelvic pain syndrome.

RESULTS: Of the 4,109 men in the study acute and chronic inflammation was detected in 641 (15.6%) and 3,216 (78.3%), respectively. Chronic prostatitis/chronic pelvic pain syndrome symptom status was available for 2816 at baseline. Chronic prostatitis/chronic pelvic pain syndrome-like symptoms developed in 317 of 2,150 men without the condition at baseline who had followup data. Acute and chronic inflammation was not associated with the incidence of the symptoms (p >0.1). At a median followup of 12.0 months 109 of 145 men with baseline chronic prostatitis/chronic pelvic pain syndrome and followup data showed symptomatic progression. Chronic but not acute inflammation was significantly associated with shorter time to progression on univariable and multivariable analyses (p = 0.029 and 0.018, respectively).

CONCLUSIONS: Inflammation is not associated with an increased risk of chronic prostatitis/chronic pelvic pain syndrome. However, chronic inflammation predicts the risk of symptomatic progression in men in whom chronic prostatitis/chronic pelvic pain syndrome symptoms have been identified.

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Castro-Santamaria, Ramiro. Department of Urology, Queen's University, Kingston, Ontario, Canada; Division of Urology, Department of Surgery, Cedars-Sinai Medical Center, Los Angeles,
Subcutaneous Injection of Testosterone is an Effective and Preferred Alternative to Intramuscular Injection: Demonstration in Female-to-Male Transgender Patients.

Spratt DI; Stewart I; Savage C; Craig W; Spack NP; Chandler DW; Spratt LV; Eimicke T; Olshan JS.

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Journal of Clinical Endocrinology & Metabolism. , 2017 Apr 03.

[Journal Article]

UI: 28379417

Context: Testosterone is commonly administered intramuscularly (IM) to treat hypogonadal males and female-to-male transgender (FTM) patients. However, these injections can involve significant discomfort and may require arrangements for administration by others.

Objective: We assessed whether T could be administered effectively and safely by the subcutaneously (SC) as an alternative to IM injections.

Design: Retrospective cohort study.

Setting: Outpatient Reproductive Endocrinology Clinic at an academic medical center.

Patients: Sixty-three FTM transgender patients aged ≥18 years electing to receive SC T therapy for gender transition were included. Fifty-three patients were premenopausal.

Intervention: Patients were administered T cypionate or enanthate weekly at an initial dose of 50mg. Dose was adjusted if needed to achieve serum total T levels within the normal male range.
Main outcome measurements: Serum concentrations of free and total T and total estradiol (E2), masculinization and surveillance for reactions at injection sites.

Results: Serum T levels within the normal male range were achieved in all 63 patients with doses of 50-150mg (median 75/80 mg). Therapy was effective across a wide range of body mass index (BMI) (19.0-49.9 kg/m2). Minor and transient local reactions were reported in 9/63 patients. Among 53 premenopausal patients, 51 achieved amenorrhea and 35 achieved serum E2 concentrations <50 pg/mL. Twenty-two patients were originally receiving IM and switched to SC therapy. All 22 had a mild (n=2) or marked (n=20) preference for SC injections; none preferred IM injections.

Conclusions: Our observations indicate that SC T injections are an effective, safe and well-accepted alternative to IM T injections.
49.
Efficacy of varicocelectomy in the treatment of hypogonadism in subfertile males with clinical varicocele: A meta-analysis.
Chen X; Yang D; Lin G; Bao J; Wang J; Tan W.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Andrologia, 2017 Apr 05.
[Journal Article]
UI: 28378913
To reassess the efficacy of varicocelectomy in the treatment of hypogonadism in subfertile males, we carried out a meta-analysis of clinical trials and retrospective studies that compared the pre-operative and postoperative serum testosterone. We searched Embase and PubMed (1980 to May 2016) for studies. Eight studies and 712 patients were included. The combined analysis of seven studies discovered that the mean serum testosterone of patients post-operation improved by 34.3 ng/dl (95% CI: 22.57-46.04, p < .00001, I² = 0.0%) compared with their pre-operative levels. In subgroup analysis, testosterone improvements in the hypogonadal treated subgroup were more significant (improved by 123 ng/dl, 95% CI: 114.61-131.35, p < .00001, I² = 37%) than in the eugonadals, or the untreated controls. In an analysis of surgery versus untreated control (three studies included), results showed that mean testosterone among hypogonadals increased by 105.65 ng/dl (95% CI: 77.99-133.32), favouring varicocelectomy, as the differences were significant (p < .00001). However, there were insignificant differences in eugonadals (p = .36). In conclusion, varicocelectomy significantly improved testosterone in hypogonadal men with subfertility. Active surgical treatment of varicocele might have a benefit of maintaining healthy androgen levels in subfertile men.
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INTRODUCTION: Selective estrogen receptor modulators (SERMs) have been used off-label in men for more than 50 years. SERMs exert their action on the estrogen receptor agonistically or antagonistically. A fundamental knowledge of the complex molecular action and physiology of SERMs is important in understanding their use and future directions of study in men.

AIM: To review the basic science and mechanism of the action of estrogens, the estrogen receptor, and SERMs, and the existing clinical publications on the use of SERMs in men for infertility and hypogonadism with their strengths and weaknesses and to identify the need for future studies.
METHODS: After a review of publications on the basic science of estrogen receptors, a chronologic review of published evidence-based studies on the use of SERMs in men for infertility and hypogonadism was undertaken.

MAIN OUTCOME MEASURES: Clinical publications were assessed for type of study, inclusion criteria, outcome measurements, and results. Strengths and weaknesses of the publications were assessed and discussed.

RESULTS: Few prospective rigorously controlled trials have been undertaken on the use of SERMs in men. Most existing trials are largely retrospective anecdotal studies with inconsistent inclusion and end-point measurements. The SERMs are complex and at times can produce paradoxical results. Their action likely depends on the genetics of the individual, his tissue-specific composition of estrogen receptors, the molecular structure and pharmacodynamics of the SERMs, and their metabolism.

CONCLUSION: Rigorously controlled trials of the use of SERMs in men are needed to better identify their clinical benefit and long-term safety in infertile and hypogonadal men. Recent placebo-controlled pharmaceutical industry SERM trials have demonstrated short-term safety and efficacy in men with secondary hypogonadism and eventually might provide an alternative to exogenous testosterone replacement therapy in men with secondary hypogonadism. Helo S, Wynia B, McCullough A. "Cherchez La Femme": Modulation of Estrogen Receptor Function With Selective Modulators: Clinical Implications in the Field of Urology. Sex Med Rev 2017;X:XXX-XXX.

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Short-term outcome of percutaneous tibial nerve stimulation for low anterior resection syndrome: results of a pilot study.

Altomare DF; Picciariello A; Ferrara C; Digennaro R; Ribas Y; De Fazio M.

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Colorectal Disease. , 2017 Mar 29.

[Journal Article]

UI: 28371160

AIM: Percutaneous tibial nerve stimulation (PTNS) is a minimally invasive procedure, which has been demonstrated to be effective in faecal/urinary incontinence, but has never been tested in Low Anterior Resection Syndrome (LARS). The severity of LARS may be evaluated by the LARS-score, but rectal cancer treatments may also affect urinary and sexual function, which are not explored by the LARS-score. The TAPE-score is a new validated index addressing the overall pelvic-floor functions. This study aims to assess the efficacy of PTNS in LARS patients and to evaluate the results by the LARS and TAPE scores.

METHODS: 21 patients operated on for rectal cancer between 2009 and 2014 complaining of LARS underwent PTNS (12 sessions of 30’ each). Six patients reported urinary incontinence and all except two (males) were sexually inactive. The LARS-score and the TAPE-score questionnaires were administered at baseline, and after six months follow up.

RESULTS: At 6 months follow-up, 9 patients reported a significant improvement of faecal incontinence, and 3/6 an improvement of urinary incontinence after PTNS. Median LARS-score significantly decreased from 32 to 27 (p=0.009), while the median TAPE-score improved significantly from 55 to 58, (p=0.004).

CONCLUSIONS: PTNS may be a further option in the treatment of selected patients with LARS and in addition may improve associated urinary incontinence. The severity of LARS can be detected by the LARS scores, however, the adoption of the TAPE-score should be preferred in case of concomitant urinary and/or sexual problems not explored by the LARS score. This article is protected by copyright. All rights reserved.

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Sexual Function and Quality of Life in Young Men with Spina Bifida: Could It be Neglected Aspects in Clinical Practice?

Choi EK; Ji Y; Han SW.

OBJECTIVE: The purpose of this study was to evaluate the sexual function of young men with spina bifida and the impact of the disorder on the quality of life (QOL).

MATERIALS AND METHODS: To assess sexual function and QOL by using self-administered questionnaires (International Index of Erectile Function [IIEF] and 36-Item Short Form Health Survey [SF-36]) for young men with spina bifida. We collected data from 47 young men with spina bifida between June 2013 and October 2013 at the spina bifida clinic of Severance Children's Hospital, Seoul, South Korea

RESULTS: Of the 47 men, 13 (27.7%) were born with meningomyelocele and 34 (72.3%) with lipomeningomyelocele. Their neurological surgical levels
of defect were lumbar (46.8%), sacral (23.4%), and unknown (29.8%). Of the 47 men who completed the IIEF, 24 (51.1%) had sexual intercourse at least once during the previous month. And the patients' sexual activity status had a significant association with their sexual function, however, the status of their sexual activity did not show any differentiation with their QOL scores. Concerning overall satisfaction in sexual activity, about 87% reported more than mild dysfunction; however, 67% and 50% had normal erectile function and orgasmic function, respectively. In 10 patients (41.7%) among them, the frequency of ejaculation problems ranged from "sometimes" to "most of the time" during sexual activity. The correlation between sexual function and QOL had a statistically significant association with the weak correlation (r = 0.496, p = 0.014).

CONCLUSIONS: Sexual function should be evaluated routinely in patients with spina bifida because such patients experience sexual dysfunction, although sexual function did not directly show a significant correlation with the QOL in this study.

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BACKGROUND: Previous research revealed a relationship between higher body mass index (BMI) and lower sexual functioning. However, the role of psychosocial variables, such as body image, in this relationship has been understudied.

OBJECTIVE: To assess sexual life before and after weight loss surgery (WLS) and examine the role of body image and BMI in these changes.

SETTING: WLS center at a major urban community hospital.

METHODS: 327 participants (275 women and 52 men) who underwent either laparoscopic Roux-en-Y gastric bypass surgery (n = 225) or laparoscopic adjustable gastric band (n = 102) were assessed on measures of sexual life preoperatively and at 1, 3, 6, 12, and 24 months after surgery. The number of completers were n = 126 at 1-month follow-up, n = 84 at 3 months, n = 86 at 6 months, n = 84 at 12 months, and n = 55 at 24 months.

RESULTS: There was a significant increase in quality of sexual life over time, F(5,479.5) = 24.3, P<.001. Greater body image dissatisfaction predicted lower quality of sexual life when controlling for BMI, F(1,580.3) = 36.9, P<.001, but BMI did not predict quality of sexual life when controlling for body dissatisfaction, F(1,566.6)<.01, P = .94. A mediation analysis revealed that the relationship BMI had with sexual life was through its influence on body dissatisfaction.

CONCLUSION: Participants experienced improvements in quality of sexual life over time after WLS, and decrease in body image dissatisfaction was the strongest predictor of these improvements. These results underscore the importance of body image, independent of weight loss, in postsurgical sexual life.

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INTRODUCTION: Graham Jackson introduced the concept that erectile dysfunction (ED) is a marker for undiagnosed cardiovascular (CV) disease and future events. In the Princeton 3 guidelines, he recognized the important impact of testosterone deficiency (TD) on all-cause and CV mortality. Recent evidence suggests that testosterone therapy to target levels and for sufficient duration decreases CV events. Unfortunately, this had a modest impact on CV disease management because ED is not incorporated into current risk calculators. This report is based on the Graham Jackson Memorial Lecture presented at the International Society for Sexual Medicine (ISSM) in Beijing in 2016.

AIM: To examine recent evidence as to whether ED should be upgraded to a risk factor, especially with the high predictive value in younger men, and to develop a case for TD to be considered an independent risk factor based on a large number of long-term studies during the past 5 years.

METHODS: A Medline search was undertaken to include articles on ED and TD and related terms from 1998 to 2016 during the preparation of ISSM guidelines on ED and TD.
MAIN OUTCOME MEASURES: A rational justification for ED and low testosterone to be considered risk factors for CV disease and be included in risk calculators.

RESULTS: The evidence for inclusion of ED and TD might be stronger than for accepted risk factors and have the advantages of being easily assessed, quantitative, symptomatic, and clinically relevant, especially in younger men. Because important studies are often published in endocrine, sexual medicine, urology, and cardiology journals, a multidisciplinary approach is needed.


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55.

Robot-assisted intersphincteric resection facilitates an efficient sphincter-saving in patients with low rectal cancer.

Kim JC; Lee JL; Alotaibi AM; Yoon YS; Kim CW; Park IJ.

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PURPOSE: Few investigations of robot-assisted intersphincteric resection (ISR) are presently available to support this procedure as a safe and efficient procedure. We aimed to evaluate the utility of robot-assisted ISR by comparison between ISR and abdominoperineal resection (APR) using both robot-assisted and open approaches.

METHODS: The 558 patients with lower rectal cancer (LRC) who underwent curative operation was enrolled between July 2010 and June 2015 to perform either by robot-assisted (ISR vs. APR = 310 vs. 34) or open approaches (144 vs. 70). Perioperative and functional outcomes including urogenital and anorectal dysfunctions were measured. Recurrence and survival were examined in 216 patients in which >3 years had elapsed after the operation.

RESULTS: The robot-assisted approach was the most significant parameter to determine ISR achievement among potent parameters (OR = 3.467, 95% CI = 2.095-5.738, p < 0.001). Early surgical complications occurred more frequently in the open ISR group (16 vs. 7.7%, p = 0.01). The voiding and male sexual dysfunctions were significantly more frequent in the open ISR (p < 0.05). The fecal incontinence and lifestyle alteration score was greater in the open ISR than in the robot-assisted ISR at 12 and 24 months, respectively (p < 0.05). However, the 3-year cumulative rates of local recurrence and survival did not differ between the two groups.

CONCLUSIONS: The current procedure of robot-assisted ISR replaced a significant portion of APR to achieve successful SSO via mostly transabdominal approach and double-stapled anastomosis. The robot-assisted ISR with minimal invasiveness might be a help to reduce anorectal and urogenital dysfunctions.
INTRODUCTION: Spinal cord injury (SCI) is estimated to affect approximately 276,000 individuals in the United States. Since 2010, the mean age of individuals at the time of the SCI has been 42 years, with nearly 80% of cases involving men. This means that individuals with SCI generally are young men who typically place a great deal of importance on normal sexual and reproductive function.

AIM: To assess the effect of sildenafil treatment on erectile function and the frequency of ejaculation in men with SCI.

METHODS: This study was a post hoc analysis of pooled data from two randomized, double-blinded, placebo-controlled, flexible-dose, crossover sildenafil trials conducted in Europe, Australia, and Turkey. Two hundred forty-eight men at least 18 years old with traumatic SCI of at least 6 months' duration, with erectile dysfunction solely attributed to SCI, and in a stable...
heterosexual relationship were treated sequentially with sildenafil and placebo. Exclusion criteria included taking nitrate therapy, severe cardiac failure, and recent stroke or myocardial infarction. The starting sildenafil dose was 50 mg, taken approximately 1 hour before sexual activity, with subsequent dose adjustment to 100 or 25 mg based on efficacy and safety during treatment. There was a 2-week washout between 6-week treatments.

MAIN OUTCOME MEASURES: Change from baseline in International Index of Erectile Function question 3 (frequency of penetration), question 4 (maintaining erection after penetration), question 9 (frequency of ejaculation), and erectile function domain scores; intercourse success; and treatment preference.

RESULTS: All International Index of Erectile Function outcomes, including achieving and maintaining erections and ejaculation frequency, were statistically significantly greater with sildenafil vs placebo, including the subgroup with complete SCI (P < .01 for all comparisons). The percentage of successful intercourse attempts with sildenafil (53% vs 12%) and preference for sildenafil (96% vs 4%) vs placebo were significant (P < .001), including the subgroup with complete SCI. The most common all-cause adverse events with sildenafil were headache (16.1%) and urinary tract infection (11.6%).

CONCLUSION: Sildenafil significantly improves erections, intercourse success, and ejaculation frequency vs placebo, including in men with complete SCI. Sildenafil is an effective and well-tolerated treatment for sexual dysfunction in men with SCI. The increase in frequency of ejaculation could allow the possibility of having children without medical intervention in this patient population. Ohl DA, Carlsson M, Stecher VJ, Rippon GA. Efficacy and Safety of Sildenafil in Men With Sexual Dysfunction and Spinal Cord Injury. Sex Med Rev 2017;X:XX-XX.

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The steroid response to human chorionic gonadotropin (hCG) stimulation in men with Klinefelter syndrome does not change using immunoassay or mass spectrometry.

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PURPOSE: Liquid-chromatography tandem mass-spectrometry (LC-MS/MS) was developed in parallel to Immunoassays (IAs) and today is proposed as the "gold standard" for steroid assays. Leydig cells of men with Klinefelter syndrome (KS) are able to respond to human chorionic gonadotropin (hCG) stimulation, even if testosterone (T) production was impaired. The aim was to evaluate how results obtained by IAs and LC-MS/MS can differently impact on the outcome of a clinical research on gonadal steroidogenesis after hCG stimulation.

METHODS: A longitudinal, prospective, case-control clinical trial. (clinicaltrial.gov NCT02788136) was carried out, enrolling KS men and healthy age-matched controls, stimulated by hCG administration. Serum steroids were evaluated at baseline and for 5 days after intramuscular injection of 5000 IU hCG using both IAs and LC-MS/MS.

RESULTS: 13 KS patients (36+/-9 years) not receiving T replacement therapy and 14 controls (32+/-8 years) were enrolled. T, progesterone, cortisol, 17-hydroxy-progesterone (17OHP) and androstenedione, were significantly higher using IAs than LC-MS/MS. IAs and LC-MS/MS showed direct correlation for all five steroids, although the constant overestimation detected by IAs. Either methodology found the same 17OHP and T increasing profile after hCG stimulation, with equal areas under the curves (AUCs).

CONCLUSIONS: Although a linearity between IA and LC-MS/MS is demonstrated, LC-MS/MS is more sensitive and accurate, whereas IA shows a constant overestimation of sex steroid levels. This result suggests the need of reference intervals built on the specific assay. This fundamental difference between these two methodologies opens a deep reconsideration of what is needed to improve the accuracy of steroid hormone assays.

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Association between treatment for erectile dysfunction and death or cardiovascular outcomes after myocardial infarction.

Andersson DP; Trolle Lagerros Y; Grotta A; Bellocco R; Lehtihet M; Holzmann MJ.

OBJECTIVE: Erectile dysfunction (ED) is associated with an increased risk of cardiovascular disease in healthy men. However, the association between treatment for ED and death or cardiovascular outcomes after a first myocardial infarction (MI) is unknown.

METHODS: In a Swedish nationwide cohort study all men <80 years of age without prior MI, or cardiac revascularisation, hospitalised for MI during 2007-2013 were included. Treatment for ED,
defined as dispensed phosphodiesterase-5 inhibitors or alprostadil, was related to risk of death, MI, cardiac revascularisation or heart failure.

RESULTS: Forty-three thousand one hundred and forty-five men with mean age 64 (+/-10) years were included, of whom 7.1% had ED medication dispensed during a mean 3.3 years (141 739 person-years) of follow-up. Men with, compared with those without treatment for ED, had a 33% lower mortality (adjusted HR 0.67 (95%CI 0.55 to 0.81)), and 40% lower risk of hospitalisation for heart failure (HR 0.60 (95% CI 0.44 to 0.82)). There was no association between treatment with alprostadil and mortality. The adjusted risk of death in men with 1, 2-5 and >5 dispensed prescriptions of phosphodiesterase-5 inhibitors was reduced by 34% (HR 0.66 (95% CI 0.38 to 1.15), 53% (HR 0.47 (95% CI 0.26 to 0.87) and 81% (HR 0.19 (95% CI 0.08 to 0.45), respectively, when compared with alprostadil treatment.

CONCLUSIONS: Treatment for ED after a first MI was associated with a reduced mortality and heart failure hospitalisation. Only men treated with phosphodiesterase-5 inhibitors had a reduced risk, which appeared to be dose-dependent.

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Long-term cardiovascular autonomic and clinical changes after immunoglobulin G immunoadsorption therapy in autoimmune autonomic ganglionopathy. Barbic F; Dipaola F; Andreetta F; Brunetta E; Dalla Vecchia L; Mantegazza R; Furlan R; Antozzi C.

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A 63-year-old male was diagnosed with autoimmune autonomic ganglionopathy based on the finding of plasma antibodies to the nicotinic acetylcholine receptor (nAChR) of autonomic ganglia. He complained of mouth and eye dryness, dysphagia, severe constipation, erectile dysfunction, urgency, frequent urination, habitual orthostatic syncope and presyncope. A remarkable symptomatic orthostatic hypotension without changes in heart rate was present. We here describe the 3-year time course of the changes in spectral indices of cardiovascular autonomic control LF/HF and LFSAP, dysautonomia symptoms intensity and anti-nAChR antibodies following repetitive selective immunoadsorptions. During the follow-up, the reduction of anti-nAChR antibodies produced by immunoadsorption was associated with a diminished orthostatic hypotension, a restored capability to increase LF/HF, LFSAP and norepinephrine in upright position, a decline in the intensity of autonomic symptoms and an improvement of life quality. Spectral parameters LF/HF and LFSAP may represent noninvasive, low-cost biomarkers suitable for autoimmune autonomic ganglionopathy patients' clinical follow-up.
Testosterone therapy has positive effects on anthropometric measures, metabolic syndrome components (obesity, lipid profile, Diabetes Mellitus control), blood indices, liver enzymes, and prostate health indicators in elderly hypogonadal men.

To alleviate late-onset hypogonadism, testosterone treatment is offered to suitable patients. Although testosterone treatment is commonly given to late-onset hypogonadism patients, there remains uncertainty about the metabolic effects during follow-ups. We assessed the associations between testosterone treatment and wide range of characteristics that included hormonal, anthropometric, biochemical features. Patients received intramuscular 1,000 mg testosterone undecanoate for 1 year. Patient anthropometric measurements were undertaken at baseline and at each visit, and blood samples were drawn at each visit, prior to the next testosterone undecanoate. Eighty-eight patients (51.1 +/- 13.0 years) completed the follow-up period.

Testosterone treatment was associated with significant increase in serum testosterone levels and significant stepladder decrease in body mass index, total cholesterol, triglycerides and glycated haemoglobin from baseline values among all patients. There was no significant increase in liver enzymes. There was an increase in haemoglobin and haematocrit, as well as in prostate-specific
antigen and prostate volume, but no prostate biopsy intervention was needed for study patients during 1-year testosterone treatment follow-up. Testosterone treatment with long-acting testosterone undecanoate improved the constituents of metabolic syndrome and improved glycated haemoglobin in a stepladder fashion, with no adverse effects.

Efficacy and safety of testosterone gel 2% (TG) were evaluated in two phase 3, open-labelled, single-arm, multicentre studies (000023 and extension study 000077). Hypogonadal men having
serum testosterone levels <300 ng/dl at two consecutive measurements were included. Study duration was 9 months (000023: 3 months; 000077: 6 months). Starting dose of TG (46 mg) was applied on upper arm/shoulder. The primary endpoint (000023) was responder rate (subjects with average 24-hour serum testosterone concentration 300-1050 ng/dl on Day 90). Study 000077 evaluated the safety of TG in patients rolling over from study 000023 over a period of 6 months. Of 180 subjects in 000023, 172 completed and 145 rolled over to 000077, with 127 completers. The responder rate was 85.5%. Fewer subjects in 000077 (12.7%) versus 000023 (31.8%) had maximum testosterone concentration (Cmax ) >1500 ng/dl, with no significant safety concerns. Significant improvements in sexual function and quality of life were noted in both studies. Subjects experienced few skin reactions without notable increases in prostate-specific antigen and haematocrit levels. TG was efficacious with an acceptable safety profile. Cmax >1500 ng/dl did not exhibit distinct impact on safety parameters. However, further optimisation of titration schema to reduce Cmax is warranted while maintaining the average steady state total testosterone concentration.

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A literature review of antithrombotic and anticoagulating agents on sexual function.
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Although millions of people receive antithrombotic agents (ATAs) or anticoagulating agents (ACAs) for vascular prophylaxis daily, the negative impact of these agents on sexual function has not been systematically studied. Therefore, a literature search was conducted to determine the effects of the marketed ATAs and ACAs on sexual function. In regard to men, the results show that thienopyridine derivatives increase the risk of erectile dysfunction (ED) and decrease libido and sexual function. The relationship between aspirin use and ED is inconsistent, ranging from a moderate risk to beneficial effects. Nonetheless, aspirin appears to result in a lower risk for ED than does clopidogrel, and seems to benefit patients with lithium-induced ED. Coumarin can cause vasculogenic priapism. In regard to women, only a single report of genital haemorrhage was found. Available data exclusively focus on male subjects. Taken together, ATAs and ACAs can disturb sexual function in different aspects in men. Newer thienopyridine derivatives, such as prasugrel or ticagrelor, may be used as a substitute for clopidogrel when sexual dysfunction occurs. Priapism and genital haemorrhage were found to be uncommon but serious complications of ACA treatment. Additional studies examining the effects of ATAs and ACAs on sexual function are needed, especially in woman and elderly.

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Effects of Anabolic Androgenic Steroids on the Reproductive System of Athletes and Recreational Users: A Systematic Review and Meta-Analysis. [Review]

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BACKGROUND: Anabolic androgenic steroids (AAS) are testosterone derivatives used by athletes and recreational users to improve athletic performance and/or enhance appearance. Anabolic androgenic steroids use may have serious and potentially irreversible adverse effects on different organs and systems, including the reproductive system.

OBJECTIVE: This systematic review and meta-analysis aimed to critically assess the impact of AAS use on the reproductive system of athletes and recreational users.

METHODS: An electronic literature search was conducted using the databases MEDLINE, CENTRAL, and Google Scholar. Studies were included when the following criteria were fulfilled: participants were athletes or recreational users of any age, sex, level or type of sport; AAS use of any type, dose, form or duration; AAS effects on the reproductive system were assessed as stated by medical history, clinical examination, hormone and/or semen analysis. Random-effects meta-analysis was performed to assess the weighted mean difference (WMD) of serum gonadotropin (luteinizing hormone, follicle-stimulating hormone) and testosterone levels compared with baseline, during the period of AAS use, as well as following AAS discontinuation.

RESULTS: Thirty-three studies (three randomized clinical trials, 11 cohort, 18 cross-sectional, and one non-randomized parallel clinical trial) were included in the systematic review (3879 participants; 1766 AAS users and 2113 non-AAS users). The majority of the participants were men; only six studies provided data for female athletes. A meta-analysis (11 studies) was conducted of studies evaluating serum gonadotropin and testosterone levels in male subjects: (1) prior to, and during AAS use (six studies, n = 65 AAS users; seven studies, n = 59, evaluating gonadotropin and testosterone levels respectively); (2) during AAS use and following AAS
discontinuation (four studies, n = 35; six studies, n = 39, respectively); as well as (3) prior to AAS use and following AAS discontinuation (three studies, n = 17; five studies, n = 27, respectively). During AAS intake, significant reductions in luteinizing hormone [weighted mean difference (WMD) -3.37 IU/L, 95% confidence interval (CI) -5.05 to -1.70, p < 0.001], follicle-stimulating hormone (WMD -1.73 IU/L, 95% CI -2.67 to -0.79, p < 0.001), and endogenous testosterone levels (WMD -10.75 nmol/L, 95% CI -15.01 to -6.49, p < 0.001) were reported. Following AAS discontinuation, serum gonadotropin levels gradually returned to baseline values within 13-24 weeks, whereas serum testosterone levels remained lower as compared with baseline (WMD -9.40 nmol/L, 95% CI -14.38 to -4.42, p < 0.001). Serum testosterone levels remained reduced at 16 weeks following discontinuation of AAS. In addition, AAS abuse resulted in structural and functional sperm changes, a reduction in testicular volume, gynecomastia, as well as clitoromegaly, menstrual irregularities, and subfertility.

CONCLUSION: The majority of AAS users demonstrated hypogonadism with persistently low gonadotropin and testosterone levels, lasting for several weeks to months after AAS withdrawal. Anabolic androgenic steroid use results in profound and prolonged effects on the reproductive system of athletes and recreational users and potentially on fertility.

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INTRODUCTION AND OBJECTIVE: Chronic pain is associated with comorbidities that have an impact on the quality of life of patients and, among others, affect their sexual functioning. One of the most relevant side effects of opioid analgesics is erectile dysfunction (ED), due in part to the inhibition of the gonadal-pituitary-hypothalamic axis and the decline in testosterone levels. To evaluate ED and effectiveness of treatment in men with chronic pain treated with long-term opioids.

MATERIAL AND METHODS: Prospective observational study lasting 3 years, where the intensity of pain (visual analogue scale, 0-10cm), erectile function (IIEF-EF, range 1-30 points), quality of life (EQ-VAS, 0-100mm), quality of sexual life (MSLQ-QOL, 0-100 points), anxiety/depression (HAD, 0-21 points) and testosterone levels, was assessed in patients who reported sexual dysfunction (ED or libido modification). A 6-month follow-up was applied to each patient after administering the usual treatment in the Andrology Unit. The study was approved by the Clinical Research Ethics Committee and data were statistically analyzed with the GraphPad Prism 5 software.

RESULTS: ED was observed in 27.6% of patients (n=105, 57+/−12.2 years, mean dose of morphine equivalent=107.1+/−107.9mg/day, 84.3% adjuvant analgesics). After 6 months, 42% of patients showed a significant improvement after being treated with iPDE5 (48.5%) and/or testosterone gel (81.8%), with a resolution rate of 31% (p=0.000). A positive correlation was
observed between the improvement of IIEF and quality of sexual life (55.5+/-25.7 points, p=0.000), as well as anxiety (7.4+/-4.3 points, p=0.048). No significant changes were observed in the levels of testosterone, in the levels of pain nor in the quality of life, which remained moderate.

CONCLUSIONS: Erectile function and quality of sexual life, as well as anxiety, improved in patients treated chronically with opioids after administering andrological treatment. The management of patients with pain should include a review of their sexual health history given the significant emotional impact posed to the patient, the impact on their overall quality of life and its good clinical response to an interdisciplinary treatment.

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Status

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BACKGROUND: Erectile dysfunction remains the most common side effect from radical treatment of localized prostate cancer. We hypothesized that the use of vessel-sparing radiotherapy, analogous to the functional anatomy approach of nerve-sparing radical prostatectomy (RP), would improve erectile function preservation while maintaining tumor control for men with localized prostate cancer.

OBJECTIVE: To determine erectile function rates after vessel-sparing radiotherapy.

DESIGN, SETTING, AND PARTICIPANTS: Men with localized prostate cancer were enrolled in a phase 2 single-arm trial (NCT02958787) at a single academic center.
INTERVENTION: Patients received vessel-sparing radiotherapy utilizing a planning MRI and MRI-angiogram to delineate and avoid the erectile vasculature.

OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: Both physician- and patient-reported inventories were used to capture erectile function at baseline and at 2 and 5 yr after treatment. Validated model-based comparisons were performed to compare vessel-sparing results to nerve-sparing RP and conventional radiotherapy.

RESULTS AND LIMITATIONS: From 2001 to 2009, 135 men underwent vessel-sparing radiotherapy. After a planned interim analysis, the trial was stopped after meeting the primary endpoint. The median follow-up was 8.7 yr, with a >94% response rate to all inventories at each time point. At 5 yr, 88% of patients were sexually active with or without the use of sexual aids. The 2-yr erectile function rates were significantly improved with vessel-sparing radiotherapy (78%, 95% confidence interval [CI] 71-85%) compared to modeled rates for conventional radiotherapy (42%, 95% CI 38-45%; p<0.001) or nerve-sparing prostatectomy (24%, 95% CI 22-27%; p<0.001). At 2 yr after treatment, 87% of baseline-potent men retained erections suitable for intercourse. The 5- and 10-yr rates of biochemical relapse-free survival were 99.3% and 89.9%, and at 5 yr the biochemical failures were limited to the National Comprehensive Cancer Network high-risk group. The single-arm design is a limitation.

CONCLUSIONS: Vessel-sparing radiotherapy appears to more effectively preserve erectile function when compared to historical series and model-predicted outcomes following nerve-sparing RP or conventional radiotherapy, with maintenance of tumor control. This approach warrants independent validation.

PATIENT SUMMARY: In this interim analysis we looked at using a novel approach to spare critical erectile structures to preserve erectile function after prostate cancer radiotherapy. We found that almost 90% of patients at 5 yr after treatment remained sexually active, significantly higher than previous studies with surgery or radiotherapy.

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66.
Risk factors and surveillance for reduced bone mineral density in pediatric cancer survivors.
Siegel DA; Claridy M; Mertens A; George E; Vangile K; Simoneaux SF; Meacham LR; Wasilewski-Masker K.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28233475
BACKGROUND: Pediatric cancer survivors are at increased risk of developing low bone mineral density (BMD) due to cancer treatment. This study assessed the yield of screening for low BMD in pediatric-aged cancer survivors as per the Children's Oncology Group Long-Term Follow-Up (COG-LTFU) Guidelines, which recommend screening survivors who received steroids, methotrexate, or hematopoietic cell transplant (HCT).
METHODS: This is a retrospective cohort study of 475 pediatric blood cancer and noncentral nervous system solid tumor survivors screened for low BMD with dual-energy X-ray
absorptiometry (DXA) as per the COG-LTFU Guidelines from 2003 to 2010. Risk factors for low BMD (DXA Z-score < -2) were evaluated by univariate and multivariate analysis.

RESULTS: The mean DXA Z-score was -0.1 for both whole body and lumbar spine measurements. Among at-risk survivors, 8.2% (39/475) had low BMD. Multivariate analysis of survivors with low BMD showed significant association with male gender (odds ratio [OR] 3.4, 95% confidence interval [CI], 1.3-9.0), exposure to total body irradiation (TBI), cranial, or craniospinal radiation (OR 5.2, 95% CI, 1.8-14.9), and gonadal dysfunction (OR 4.3, 95% CI, 1.4-13.0). Methotrexate exposure was not significantly associated with low BMD. Survivors receiving HCT had a reduced risk of low BMD (OR 0.2, 95% CI, 0.1-0.9).

CONCLUSION: The highest risk factors for low BMD were male gender, exposure to TBI, cranial, or craniospinal radiation, and gonadal dysfunction. Survivors receiving methotrexate or HCT therapy have the lowest risk for low BMD among those screened. Future studies should investigate risk of low BMD for survivors receiving HCT without radiation exposure.

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Antioxidant treatment ameliorates diabetes-induced dysfunction of the vas deferens in a rat model.

Tsounapi P; Honda M; Dimitriadis F; Shimizu S; Shiomi T; Hikita K; Saito M; Tomita S; Sofikitis N; Takenaka A.

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Andrologia. , 2017 Feb 22.
[Journal Article]
UI: 28224697

Diabetes mellitus (DM) affects the male ejaculatory function. This study was designed to evaluate the role of oxidative stress in the development of diabetes-induced dysfunction of vas deferens (VD) in the rat. DM was induced by streptozotocin in 40 male Wistar rats. Subsequently, the diabetic animals were divided into three groups: DM group, DM + Eda group and DM + Tau group. These groups were administered saline, edaravone and taurine, respectively, daily for 4 weeks. Another group of ten rats served as a control group. DM was diagnosed in the 40 streptozotocin-injected rats. DM significantly reduced the VD weight. Additionally, DM induced in vitro VD hypercontractility, VD histological abnormalities and increased the serum and VD tissue concentration of malondialdehyde. VD immunohistochemistry revealed overexpression of three markers of oxidative stress. DM significantly reduced serum testosterone levels. No live birth was documented in all DM rats in mating experiments. Antioxidants significantly improved all the aforementioned parameters, except the testosterone levels. This study indicates a deleterious impact of DM-induced oxidative stress on VD histological and functional features. Antioxidant treatment may provide an adjunct tool to alleviate ejaculatory disorders for male patients with type 1 diabetes.
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Date Created
20170222
Year of Publication
2017

68.
Testicular responses to hCG stimulation at varying doses in men with spinal cord injury.

Bauman WA; La Fountaine MF; Cirnigliaro CM; Kirshblum SC; Spungen AM.

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[Journal Article]

UI: 28220820

STUDY DESIGN: Prospective.

OBJECTIVES: To test whether provocative stimulation of the testes identifies men with chronic spinal cord injury (SCI), a population in which serum testosterone concentrations are often depressed, possibly due to gonadal dysfunction. To accomplish this objective, conventional and lower than the conventional doses of human chorionic gonadotropin (hCG) were administered.

METHODS: Thirty men with chronic SCI (duration of injury >1 year; 18 and 65 years old; 16 eugonadal (>12.1nmol/l) and 14 hypogonadal (12.1nmol/l)) or able-bodied (AB) men (11 eugonadal and 27 hypogonadal) were recruited for the study. Stimulation tests were performed to quantify testicular responses to the intramuscular administration of hCG at three dose concentrations (that is, 400, 2000 and 4000IU). The hCG was administered on two consecutive days, and blood was collected for serum testosterone in the early morning prior to each of the two injections; subjects returned on day 3 for a final blood sample collection.

RESULTS: The average gonadal response in the SCI and AB groups to each dose of hCG was not significantly different in the hypogonadal or eugonadal subjects, with the mean serum testosterone concentrations in all groups demonstrating an adequate response.

CONCLUSIONS: This work confirmed the absence of primary testicular dysfunction without additional benefit demonstrated of provocative stimulation of the testes with lower than conventional doses of hCG. Our findings support prior work that suggested a secondary testicular dysfunction that occurs in a majority of those with SCI and depressed serum testosterone concentrations. Spinal Cord advance online publication, 21 February 2017; doi:10.1038/sc.2017.8.

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Date Created
20170221

Year of Publication
2017

69.
Gonadal and Sexual Dysfunction in Childhood Cancer Survivors.
Yoon JY; Park HJ; Ju HY; Yoon JH; Chung JS; Hwang SH; Lee DO; Shim HY; Park BK.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Cancer Research & Treatment. , 2017 Jan 25.
Purpose: Few studies have addressed gonadal and sexual dysfunctions in childhood cancer survivors. We evaluated the prevalence rates and risk factors for gonadal failure among adolescent/young adult childhood cancer survivors and their sexual function.

Materials and Methods: Subjects were childhood cancer survivors aged 15-29 years who had completed therapy more than two years ago. Demographic and medical characteristics were obtained from the patients' medical records. In addition, hormonal evaluation and semen analysis were performed and sexual function was evaluated via questionnaire.

Results: The study included 105 survivors (57 males, 48 females), of which 61 were adults (age>19 years) and 44 were adolescents. In both males and females, the proportion of survivors with low sex hormone levels did not differ among age groups or follow-up period. Thirteen female subjects (27.1%) needed sex hormone replacement, while five males subjects (8.8%) were suspected of having hypogonadism, but none were receiving sex hormone replacement. Of 27 semen samples, 14 showed azo- or oligospermia. The proportion of normospermia was lower in the high cyclophosphamide equivalent dose (CED) group (CED > 8,000 mg/m2) than the low CED group (27.3% vs 62.5%, P = 0.047). Among adults, none were married and only 10 men (35.7%) and eight women (34.3%) were in a romantic relationship. Though a significant proportion (12.0% of males and 5.3% of females) of adolescent survivors had experienced sexual activity, 13.6% had not experienced sex education.

Conclusion: The childhood cancer survivors in this study showed a high prevalence of gonadal/sexual dysfunction; accordingly, proper strategies are needed to manage these complications.

Status
Publisher
Authors Full Name
Yoon, Ju Young; Park, Hyeon Jin; Ju, Hee Young; Yoon, Jong Hyung; Chung, Jin Soo; Hwang, Sang Hyun; Lee, Dong Ock; Shim, Hye Young; Park, Byung-Kiu.
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70.
Erectile dysfunction as a predictor of 2-year prognosis in acute myocardial infarction.
Apostolovic S; Stanojevic D; Jankovic-Tomasevic R; Salinger-Martinovic S; Kostic T; Perisic Z.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Cardiology Journal, 2017 Feb 02.
[Journal Article]
UI: 28150293
BACKGROUND: Erectile dysfunction (ED) is a predictor or marker of coronary artery disease in patients at high risk of cardiovascular diseases. The aim of this study was to investigate the prevalence of ED in patients with acute myocardial infarction (AMI) and after 2 years of follow-up, and to determine the association between ED and the concentrations of the markers of inflammation, endothelial dysfunction and oxidative stress which were measured on the third day after hospital admission.
METHODS: The study included 80 patients aged 62.25 +/- 10.47 years. The primary endpoints of interest were re-hospitalization due to cardiovascular causes and death during the 2 year period after hospitalization. The Sexual Health Inventory for Men (SHIM) was assessed at the point of hospital discharge and 24 months thereafter.
RESULTS: 40.1% of patients had some degree of ED. The percentage of patients without ED increased (13.2%), while the percentage of patients with severe ED significantly decreased (14.7%) after 2 years. Patients with ED had significantly higher B-type natriuretic peptide (BNP) levels and decreased levels of nitric-oxide. During the 2 years of follow-up, 9 patients died (6.5% without ED, 68.6% with ED) (chi2 = 7.19, p = 0.015). During the same time period, 22 (27.5%) patients were re-hospitalized due to cardiovascular causes, of whom 59.1% had ED at hospital admission (p < 0.05).
CONCLUSIONS: Low levels of nitric-oxide were the best predictors of ED during AMI and after 2 years. ED predicted the worst outcomes of AMI: death and re-hospitalization. Lifestyle changes and nitric-oxide donors could assist in the treatment of ED and in the improvement of long-term prognosis for AMI.

Is there room for behavioral and modifiable health-related targets in the lower urinary tract symptoms' scenario.

Ikari O; Sanches BC; Alonso JC; Simoes FA; Rejowski RF; Laranja WW; Reis LO. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present World Journal of Urology. , 2017 Jan 25. [Journal Article]

PURPOSE: To better understand potential modifiable risk factors guiding preventive interventions against lower urinary tract symptoms (LUTS).

METHODS: A prospective cross-sectional study, including healthy men aged 40-70 years under routine urological evaluation, measured the strength of association between the International Prostate Symptom Score (IPSS) and socio-demographic, lifestyle, and health-related factors using logistic and linear regression adjusted for confounding factors. Men with urethral or prostate surgery were excluded.
RESULTS: Among 743 men, mean age 59.64+/−9.66, 22.6% reported moderate, and 5.0% severe LUTS. The adjusted odds of severe LUTS increased with: increasing age (OR=1.07, 95% CI=1.05-1.09, p<.0001), increasing prostate volume (OR=1.02, 95% CI=1.01-1.04, p=.004), decreasing education (tertiary qualification, no versus yes, OR=2.34; 95% CI=1.16-4.70; p=.0133), delayed ejaculation (yes versus no, OR=2.63, 95% CI=1.43-4.83, p<.0001), and increasing blood pressure (systolic>130 mmHg, OR=2.03, 95% CI=1.44-2.86, p<.0001 or diastolic>85 mmHg, OR=1.47, 95% CI=1.03-2.10, p=.0345); severe LUTS decreased with: increasing the weekly sexual frequency (OR=0.80, 95% CI=0.69-0.91, p=.0012) and increasing HDL cholesterol (OR=0.98, 95% CI=0.97-0.99, p=.037). Odds were not significant for age of sexual initiation, precocious ejaculation, masturbatory pattern, physical activity, smoking, alcohol consumption, penile length (objective and subjective), abdominal circumference, obesity, comorbid conditions, metabolic syndrome, serum glycaemia, testosterone, SHBG, PSA, and estradiol.

CONCLUSIONS: One in every four men under routine urological evaluation who considered themselves healthy present moderate and severe LUTS. Modifiable behavioral (education, sexual frequency, and ejaculation) and health-related (blood pressure and HDL cholesterol) targets were identified for future interventional studies and potential preventive actions and patient counseling.
BACKGROUND: The sympathetic nervous system is one component of the nervous regulatory system of the physiological function of the lower genitourinary tract. Our knowledge on the role of this sympathetic system has advanced during the last decade due to the characterization of β3-adrenoceptors (β3-ARs) in the urogenital system.

OBJECTIVE: This review focuses on the pharmacological and molecular evidence supporting the functional roles of β3-AR in male genitourinary tissues of various species.

METHODS: An electronic search in two different databases was performed including MEDLINE (PubMed) and EMBASE from 2010 to 2016. β3-agonists may be a promising alternative to antimuscarinics in the treatment of overactive bladder (OAB) based on available evidence.

RESULTS: Although more recent studies have evaluated the involvement of β3-ARs in the physiological control and regulation of various tissues of the lower genitourinary tract mainly urinary bladder, penis, urethra, ureter, there are few innovations in the pipe-line. Among the β3-agonists, mirabegron is a unique drug licensed for the treatment of OAB who are unable to tolerate antimuscarinic agents. Many drugs classified as β3-agonists are still under investigations for the treatment of OAB, lower urinary tract symptoms, ureteral stones, benign prostate hyperplasia, prostate cancer and erectile dysfunction.

CONCLUSION: This review discusses the potential roles of β3-AR as new therapeutic targets by evaluating the results of preclinical and clinical studies related to male lower genitourinary tract function. Looking to the future, the potential benefits of β3-AR agonists from experimental and clinical investigations may provide an attractive therapeutic option.

Status
Publisher
73.
Van Vo T; Hoang HD; Thanh Nguyen NP.
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[Journal Article]
UI: 28523265

BACKGROUND: Sexuality is an essential part of life; however, erectile dysfunction (ED) has been one of the most common complaints among men with sexual health issues all over the world. ED includes dysfunction in erection and penile erectile pain. In Vietnam, ED is a subject not readily discussed. Thus, relatively little is known about ED among Vietnamese men.

AIMS: To identify the prevalence of ED and its associated variables and the need for treatment of ED among married men in Vietnam.

METHODS: This was a cross-sectional study. A total sample size included 746 married men, aged 20-60 years, living in four representative wards of the Hue City and randomly selected by
systematic sampling methods. Respondents completed a self-reported questionnaire. The International Index of Erectile Function (IIEF-5) scale was used to determine ED severity, and the Depression Anxiety Stress Scales (DASS-21) was used to measure depression, anxiety, and stress. Quality of life was assessed using the WHO Quality of Life score (WHOQoL). A multivariate logistic regression model was used to determine the relationships between independent variables and ED.

RESULTS: Mean age of married men was 44.3+/−8.7. Two-thirds (66.9%) of respondents experienced ED symptoms. In terms of severity, 40.8% reported mild ED; 20.3% mild-moderate ED; 5.0% moderate ED; and 0.8% severe ED. Depression, anxiety, and stress problems were 5.0, 3.6, and 2.8%, respectively. One-third (33.1%) of the respondents reported having low quality of life, and 32.6% reported having medium quality of life. The vast majority (86.9%) had consensual sex with their wives/partners. Variables associated with increased IIEF-5 score were increased WHOQoL score, increased body mass index (BMI), religion, and no consumption of alcohol. Increasing age, disease history, increased anxiety, and no consensual sex with their wife/partner were associated with a lower IIEF-5 score. If experiencing ED, 55.5% would seek help from medical doctors, 55.1% discussed it with their wives/partners, and 23.1% turned to their friends for help.

CONCLUSION: The prevalence of ED was high, although only 5.8% experienced moderate to severe ED. The key factors associated with ED were age, religion, disease history, BMI, alcohol consumption, anxiety, quality of life, and consensual sex with their wives/partners. Sexual health education should be more specifically targeted for men, including the provision of local sexual health-care services for men.
Gao F; Jiang B; Cang Z; Wang N; Han B; Li Q; Chen Y; Chen Y; Xia F; Zhai H; Chen C; Lu M; Meng Y; Lu Y; Shen Z.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Scientific Reports. 7(1):2087, 2017 May 18.
[Journal Article]
UI: 28522875
The role that serum uric acid (UA) plays in the pathophysiological development of erectile dysfunction (ED) is controversial. We aimed to screen the factors related with ED, and to examine the association between serum UA and ED. Our data were derived from a cross-sectional Survey on Prevalence in East China for Metabolic Diseases and Risk Factors study in 2014-2015. Questionnaire of International Index of Erectile Dysfunction-5 was used for assessment of ED. Data were collected in three general communities respectively. A total of 1365 men were enrolled with an overall mean age 55.5+/−10.8 years (range: 20-83 years). The prevalence of ED was 62.4% (51.4% standardized) in the population. Males with ED were older, and more prone to have a higher follicle-stimulating hormone, luteinizing hormone, sex hormone-binding globulin, glycated hemoglobin, fasting plasma glucose levels and lower free androgen index (FAI), UA levels, and more likely to have diabetes and elevated blood pressure compared with those without ED. Age and UA were independent influencing factors for ED. Besides, UA was positively correlated with FAI after adjustment for age. In conclusion, our study demonstrated the protective role that UA might play in development of ED.

Status
In-Data-Review
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Gao, Fengbin; Jiang, Boren; Cang, Zhen; Wang, Ningjian; Han, Bing; Li, Qin; Chen, Yi; Chen, Yingchao; Xia, Fangzhen; Zhai, Hualing; Chen, Chi; Lu, Meng; Meng, Ying; Lu, Yingli; Shen, Zhoujun.
Institution
Prevalence and characteristics of OSAFED syndrome in atrial fibrillation primary care patients.

Wolf J; Derezinski T; Szyndler A; Narkiewicz K.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

BACKGROUND: Atrial fibrillation (AF) constitutes the most prevalent arrhythmia, affecting up-to 2% of the general population. Apart from well-established risk factors that increase the odds for the development of AF, e.g. age or arterial hypertension, recent analyses indicate that obstructive sleep apnoea (OSA) may independently, negatively modify the arrhythmia occurrence profile. Concurrently, erectile dysfunction (ED) is a commonly neglected, potent marker of cardiovascular risk, which considerably worsens men's psychological state. Unrecognised or untreated ED results in substantial deterioration of the patient's therapeutic programme adherence. Because AF, OSA, and ED share multiple risk factors and clinical consequences, in 2013 the concept of their frequent concurrence - OSAFED syndrome - was proposed.

AIM: The aim of the study was to evaluate the prevalence of OSAFED patients with AF in primary care practice.

METHODS: Retrospective analysis was carried out of data from primary care physician charts (NZOZ Esclap Gniewkowo, central Poland) including 1372 men aged 40-65 years. The primary goal was to determine the diagnosis of paroxysmal and/or permanent AF, which was followed by sleep apnoea screening (polygraphy) and erectile function evaluation (IIEF-5 questionnaire).

RESULTS: Twenty-one (1.5%) patients with documented AF were identified. Based on the sleep-polygraphic studies, 14 (67%) of them had confirmation of OSA with mean apnoea-hypopnea index (AHI) equal to 27.5 +/- 17.1. Furthermore, 11 (52%) patients met the OSAFED syndrome criteria. Patients with OSAFED syndrome had a mean score in IIEF-5 of 11.6 +/- 3.5. The OSAFED-patients who were not diagnosed with all the of the syndrome components prior to the study-enrolment were characterised by substantially lower fat excess compared to their counterparts with already established OSAFED (body mass index: 30.1 +/- 4.9 vs. 37.7 +/- 3.9 kg/m2, respectively, p = 0.03).

CONCLUSIONS: Frequently coexisting OSAFED syndrome components in all AF patients from the primary care setting should encourage a more active search for OSA and ED in patients with
any documented form of AF. Most of the studied patients did not have the diagnosis of OSA nor ED done prior to participation in the study.

76.
A Multigroup, Longitudinal Study of Truant Youths, Marijuana Use, Depression, and STD-Associated Sexual Risk Behavior.
Dembo R; Krupa J; Wareham J; Schmeidler J; DiClemente RJ.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28507425
Truant youth are likely to engage in a number of problem behaviors, including sexual risky behaviors. Previous research involving non-truant youth has found sexual risk behaviors to be related to marijuana use and depression, with differential effects for male and female youth. Using data collected in a NIDA funded, prospective intervention project, results are reported of a male-female, multi-group, longitudinal analysis of the relationships among truant youth baseline sexual risk behavior, marijuana use, and depression, and their sexual risk behavior over four follow-up time points. Results indicated support for the longitudinal model, with female truants having higher depression scores, and showing stronger relationships between baseline depression and future engagement in sexual risk behavior, than male truants. Findings suggest
that incorporating strategies to reduce depression and marijuana use may decrease youth sexual risk behavior.

Status
In-Data-Review

Authors Full Name
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20170516

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77.

Drugs in preclinical to phase II clinical development for the treatment of erectile dysfunction.
Smith-Harrison L; Starke NR; Smith RP; Kovac JR.

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[Journal Article]
UI: 28460540

INTRODUCTION: Erectile function is an important aspect in the quality of life of many men. For men with erectile dysfunction (ED), a spectrum of treatment options exists. Novel therapies for ED are currently being developed in order to delay surgical placement of a penile prosthesis - the final step in the management of treatment-refractory ED. Areas covered: This review examines innovative treatments such as alternative vasoactive agents, trophic factors and bio-compounds as well as gene and stem cell therapy. All therapies are currently in some phase of development for the management of ED. Using the MedLine and FDA Clinical Trials Registry, recent
developments in treatment of ED were queried. Expert opinion: Recent studies have
demonstrated the potential for multiple, novel therapies in the treatment of ED. Much of the work
requires further experimentation in large-scale, blinded, placebo-controlled studies. This will
require a concerted effort to bring these products to market.

Status
In-Process

Authors Full Name
Smith-Harrison, Li; Starke, Nathan R; Smith, Ryan P; Kovac, Jason R.

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20170502

Year of Publication
2017

78.
Changes in the Effects of Peyronie's Disease After Treatment With Collagenase Clostridium
histolyticum: Male Patients and Their Female Partners.
Goldstein I; Knoll LD; Lipshultz LI; Smith T; Kaufman GJ; McMahon CG.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28395998

INTRODUCTION: Collagenase Clostridium histolyticum (CCH) intralesional injection was
efficacious for the management of Peyronie's disease (PD) in the double-blinded, randomized,
placebo-controlled Investigation for Maximal Peyronie's Reduction Efficacy and Safety Studies I
and II (IMPRESS I and II). Little is known about the consequences of PD or treatment on the
sexual partners of affected men.
AIM: To assess the safety and efficacy of CCH treatment in men who received placebo in the IMPRESS I or II study and to evaluate the men's PD symptoms and partner bother as reported by female sexual partners.

METHODS: In this phase 3, open-label study (NCT01685437), men (n = 189) received up to eight injections of CCH (0.58 mg/injection). Female sexual partners who provided informed consent at screening (n = 30) participated in the study.

MAIN OUTCOME MEASURES: Co-primary end points were change or percentage of change in penile curvature deformity and change in PD symptom bother domain score of the Peyronie's Disease Questionnaire (PDQ) from baseline to week 36. Participating women completed the PDQ for female sexual partners (PDQ-FSP) and the Female Sexual Function Index (FSFI).

RESULTS: Statistically significant mean improvements were observed in penile curvature deformity (36.3% decrease; 95% CI = -41.6 to -30.9) and PDQ symptom bother score (2.4-point decrease; 95% CI = -3.0 to -1.8) from baseline to week 36. Most treatment-emergent adverse events were mild or moderate. After CCH treatment of their male partners, female sexual partners reported improvement (using the PDQ-FSP) in their male partner's PD symptoms and female bother regarding their partner's PD. The percentage of female sexual partners with sexual dysfunction (FSFI total score < 26.55) also decreased after male partner treatment, from 75.0% at baseline to 33.3%.


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Status
In-Data-Review

Authors Full Name
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Smith, Ted. Endo Pharmaceuticals, Malvern, PA, USA.
Kaufman, Gregory J. Auxilium Pharmaceuticals, Malvern, PA, USA.
McMahon, Chris G. Australian Centre for Sexual Health, St Leonards, NSW, Australia.
Tadalafil improves lean mass and endothelial function in nonobese men with mild ED/LUTS: in vivo and in vitro characterization.

Aversa A; Fittipaldi S; Francomano D; Bimonte VM; Greco EA; Crescioli C; Di Luigi L; Lenzi A; Migliaccio S.

目的: 磷酸二酯酶-5抑制剂在糖尿病男性勃起功能障碍 (ED) 中的使用与腰围减少有关。我们评估了每日他达拉非片剂治疗对体重组成的影响，并在C2C12骨骼肌细胞中研究了其可能的机制。

方法: 四十三名男性, 稳定热量摄入 (平均年龄48.5±7; BMI 25.5±0.9kg/m2) 抱有轻度ED和/或轻度下尿路症状 (LUTS) 被随机分配为每日他达拉非片剂 (5mg/daily; OAD-TAD; n=23) 或需求时使用 (on-demand; OD-TAD; n=20) 2个月。主要结果是体重组成的变化, 并测量骨密度; 次要结果是ED/LUTS问卷得分以及激素 (睾酮, 雌二醇, 胰岛素) 和内皮功能 (Endopat2000) 的变化。

结果: OAD-TAD增强了腹壁的瘦体重 (p<0.01) 并在2个月后回归基线。LUTS评分在OD-TAD中改善 (p<0.01) 而ED评分在两组中均改善 (p<0.01)。我们发现了内皮功能的显著改善 (p<0.05) 与血清胰岛素 (p<0.01; r=0.3641) 具有直接相关性, 并且与雌二醇水平 (p<0.01; r=0.3655) 具有反向相关性, 即使在可能的混杂因素被校正后也是如此。C2C12细胞暴露于增加的他达拉非浓度 (10^{-7}到10^{-6}M) 增加了总雄激素受体水平。
mRNA and protein expression as well as myogenin protein expression after 24 and 72h (2.8+/−0.4-fold and 1.4+/−0.02-fold vs. control, respectively, p<0.05).

CONCLUSIONS: Daily tadalafil improved lean mass content in non-obese men probably via enhanced insulin secretion, estradiol reduction, and improvement of endothelial function in vivo. The in vitro increased myogenin and androgen receptor protein expression in skeletal muscle cells suggests a translational action of phosphodiesterase type-5 on this receptor.

Status
In-Process

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Year of Publication
2017
Ethnicity and age as factors in sildenafil treatment of erectile dysfunction.
Ohl DA; Stecher V; Tseng LJ.
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[Journal Article]
UI: 28439994

INTRODUCTION: Sildenafil has been evaluated in >16 000 men with erectile dysfunction (ED) in double-blind, placebo-controlled trials.

AIM: To assess efficacy and safety of sildenafil in ED by ethnicity (white, black Asian) and age (<45, 46-60, >61 years).

METHODS: Data were pooled from 38 double-blind, placebo-controlled, flexible-dose trials. Most had starting sildenafil doses of 50 mg once daily, ~1 hour before sexual activity, with adjustment to 100 or 25 mg as needed.

MAIN OUTCOME MEASURES: Change from baseline in International Index of Erectile Function erectile function (IIEF-EF) domain score assessed with analysis of covariance and a Global Assessment Question (GAQ; "Did the treatment improve your erections?") at endpoint assessed with logistic regression analysis.

RESULTS: 4120 and 3714 men received sildenafil and placebo, respectively (2740 and 2671 White; 407 and 385 Black; 973 and 658 Asian). For sildenafil vs. placebo groups, overall treatment differences for IIEF-EF domain and GAQ were significant for each ethnic and age group (P<.0001); significant treatment-by-ethnicity and treatment-by-age interactions were also observed for change in IIEF-EF domain scores (P<.05), with differences significantly greater for White vs. Black (P<.0001), White vs. Asian (P=.0163), and Asian vs. Black (P=.0036) men. A significant treatment-by-ethnicity interaction was observed for GAQ (P=.0004). The OR comparison for GAQ was significantly greater (P=.0001) with sildenafil vs. placebo in White (OR=11.2) or Asian (OR=12.4) men vs. Black men (OR=5.1). Adverse-event rates were generally similar, with some age variations.

CONCLUSIONS: Sildenafil is effective and well-tolerated regardless of ethnicity or age; however, treatment effects can vary.

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Status
In-Process

Authors Full Name
Ohl, Dana A; Stecher, Vera; Tseng, Li-Jung.
81.
Intra-abdominal inflammatory myofibroblastic tumour (IMT) mimicking gonadal mass in a male infant with undescended testes.
Shukla SK; Parashar S.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present BMJ Case Reports. 2017, 2017 May 12.
[Journal Article]
UI: 28500112
Inflammatory myofibroblastic tumour (IMT) is a rare benign neoplastic tumour, originally described as an inflammatory pseudotumor. Only a single case of IMT in the spermatic cord associated with undescended testes has been reported. We present a rare case of abdominal IMT in a male infant with undescended bilateral testes. The abdominopelvic mass was suspected to be a gonadal malignancy due to empty scrotal sac but proved to be otherwise on histopathology. Mass was completely resected and orchiopexy was performed for both undescended normal-appearing testes. The patient developed a recurrent mass 2months later involving the left spermatic cord and the left testicle. Radical surgery was performed with removal of the left testicle and spermatic cord. The patient was disease-free at 1-year follow-up.
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Status
In-Process
Authors Full Name
Shukla, Sanjeev Kumar; Parashar, Shivya.
82.
A 45,X/46,XY Male with Orchidopexy Diagnosed with Mixed Germ Cell Tumor After 21-year Follow-up.
Kubota M; Terada N; Ito K; Takada H; Magaribuchi T; Sawada A; Akamatsu S; Negoro H; Saito R; Kobayashi T; Yamasaki T; Inoue T; Ogawa O.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28491817
A case of a 45,X/46,XY boy with gonadal dysgenesis is presented. The patient showed hypospadias and right undescended testis. He underwent repair surgery for hypospadias, right orchidopexy, and bilateral testicular biopsy. Testicular biopsy revealed no malignant finding. He was followed-up annually by scrotum palpation. When the patient grew up to 24 years old, he was diagnosed to have right testicular tumor. High orchiectomy revealed pT1 seminoma. The management of undescended testis in men with gonadal dysgenesis and disordered sexual development is discussed.
Status
In-Data-Review
Authors Full Name
Kubota, Masashi; Terada, Naoki; Ito, Katsuhiro; Takada, Hideaki; Magaribuchi, Toshihiro; Sawada, Atsuro; Akamatsu, Shusuke; Negoro, Hiromitsu; Saito, Ryoichi; Kobayashi, Takashi; Yamasaki, Toshinari; Inoue, Takahiro; Ogawa, Osamu.
Institution
A Randomized, Placebo-Controlled, Double-Blind, Multi-Center Therapeutic Confirmatory Study to Evaluate the Safety and Efficacy of Avanafil in Korean Patients with Erectile Dysfunction.

Park HJ; Kim SW; Kim JJ; Lee SW; Paick JS; Ahn TY; Park K; Park JK; Park NC.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28480661

A multi-center, randomized, double-blind, placebo-controlled study was conducted with 158 subjects who were randomized to placebo or avanafil 50, 100, and 200 mg on demand for 8 weeks to evaluate the safety, tolerability, and efficacy of avanafil in the treatment of erectile dysfunction (ED) in Korean men. The primary outcome was the erectile function (EF) domain score of the International Index of Erectile Function (IIEF) questionnaire. Secondary outcomes included changes in the scores of IIEF questions 3 and 4 (IIEF Q3, Q4) from baseline, changes in
all domain scores in the IIEF from baseline, Sexual Encounter Profile questions 2-5 (SEP2-5), the Global Efficacy Assessment Question (GEAQ), and the number of subjects whose EF domain score at the 8th week visit was > 26. After 8 weeks of treatment, the dose groups except avanafil 50 mg scored significantly higher on the IIEF-EF domain from baseline than the placebo group. The changes from baseline in the avanafil group in IIEF Q3 (all doses) and Q4 (200 mg alone) were higher than the placebo group. The differences between avanafil and placebo groups were significant in SEP2 (100 and 200 mg) and SEP3-5 (200 mg). The differences in the GEAQ "Yes" response were also significant in the avanafil 100 and 200 mg groups. Regarding the ratio of normal EF at the end of the study, avanafil 200 mg differed significantly from the placebo. Most treatment-associated adverse events were mild and resolved spontaneously. This is a clinical trial study and was registered at www.ClinicalTrials.gov (Identifier: NCT02477436).

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Status
In-Process

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New NR5A1 mutations and phenotypic variations of gonadal dysgenesis.

Werner R; Monig I; Lunstedt R; Wunsch L; Thorns C; Reiz B; Krause A; Schwab KO; Binder G; Holterhus PM; Hiort O.

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[Journal Article]

UI: 28459839

Mutations in NR5A1 have been reported as a frequent cause of 46,XY disorders of sex development (DSD) associated to a broad phenotypic spectrum ranging from infertility, ambiguous genitalia, anorchia to gonadal dysgenesis and female genitalia. Here we present the clinical follow up of four 46,XY DSD patients with three novel heterozygous mutations in the NR5A1 gene leading to a p.T40P missense mutation and a p.18DKVSG22del nonframeshift deletion in the DNA-binding domain and a familiar p.Y211Tfs*83 frameshift mutation. Functional analysis of the missense and nonframeshift mutation revealed a deleterious character with loss of DNA-binding and transactivation capacity. Both, the mutations in the DNA-binding domain, as well as the familiar frameshift mutation are associated with highly variable endocrine values and phenotypic appearance. Phenotypes vary from males with spontaneous puberty, substantial
testosterone production and possible fertility to females with and without Mullerian structures and primary amenorrhea. Exome sequencing of the sibling’s family revealed TBX2 as a possible modifier of gonadal development in patients with NR5A1 mutations.
5alpha-Reductase Inhibitors for Treatment of Benign Prostatic Hyperplasia: A Systematic Review and Meta-Analysis. [Review]
Jun JEJ; Kinkade A; Tung ACH; Tejani AM.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 28487578
BACKGROUND: Finasteride and dutasteride are competitive inhibitors of 5alpha-reductase enzymes and are commonly used to treat symptomatic benign prostatic hyperplasia (BPH).
OBJECTIVE: To compare the efficacy and safety of finasteride and dutasteride in terms of clinically important outcomes.
DATA SOURCES: A literature search was performed using the search terms "prostatic hyperplasia", "prostatic hypertrophy", "dutasteride", "finasteride", "quality of life", "adverse drug reaction", and "mortality". The Embase, PubMed, Cochrane Central Register of Controlled Trials, International Pharmaceutical Abstracts, Cumulative Index to Nursing and Allied Health Literature, and Latin American and Caribbean Health Sciences Literature databases were searched from inception to December 2015.
STUDY SELECTION AND DATA EXTRACTION: Randomized controlled trials, quasi-randomized trials, and systematic reviews comparing finasteride with dutasteride, either as monotherapy or in combination with alpha-blockers, for treatment of men with BPH were included. The outcomes of interest included need for prostate-related surgery, episodes of acute urinary retention, withdrawals due to adverse events, number of patients experiencing serious adverse events, mortality, and sexual dysfunction.
DATA SYNTHESIS: Four studies involving a total of 1879 patients were included in the analysis. There were no significant differences in any of the clinically important outcomes examined: for prostate-related surgery, odds ratio (OR) 2.01 (95% confidence interval [CI] 0.18-22.24); for episodes of acute urinary retention, OR 1.47 (95% CI 0.68-3.19); for number of withdrawals due to adverse events, OR 1.10 (95% CI 0.68-1.75); for total number of patients experiencing adverse events, OR 0.94 (95% CI 0.78-1.14); for number of patients experiencing serious adverse events, OR 1.31 (95% CI 0.87-1.97); and for sexual dysfunction, OR 0.83 (95% CI 0.64-1.08).
CONCLUSION: There is insufficient evidence to suggest that either finasteride or dutasteride offers an advantage in efficacy or safety over the other, in terms of clinically important outcomes.
Relation between sexual dysfunctions and epilepsy, type of epilepsy, type of antiepileptic drugs: a prospective study.
Pavone C; Giacalone N; Vella M; Urso L; Zummo L; Fierro B.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28315500
INTRODUCTION: The aim of this study was to evaluate the incidence of sexual dysfunctions in males with epilepsy, the type of epilepsy, the frequency of seizures, the type of antiepileptic drugs (AEDs), the serum hormonal profile and the presence of psychiatric comorbidity.
METHODS: Sixty-one patients focused on type of epilepsy, frequency of seizures, AEDs, hormonal profile and presence of mood disorders. We excluded all patients with severe neurologic and psychiatric impairment and patient who were not able to fill questionnaires. Mean age was 31.2 years (range 18-50 years); 31 patients (50.8%) had an idiopathic generalised epilepsy and 30 (49.2%) a focal epilepsy; among them, latter 18 (60%) had probably symptomatic type and 12 (40%) symptomatic type. Sexual functions were evaluated by "International Inventory of Erectile Function" questionnaire.

RESULTS: Out of 61 enrolled patients, 22 (36.7%) showed sexual dysfunctions: erectile dysfunctions in 14 (23%), orgasmic dysfunctions in (11.5%) and sexual drive dysfunctions in 12 (19.7%). Out of 61 patients, 36 were subjected to blood measurement of sexual hormones and 21 (58.3%) showed hormonal modifications.

CONCLUSIONS: Sexual dysfunction are present in 36.7% of enrolled males with epilepsy; there is any association between sexual dysfunctions and various AEDs in the treatment, except for carbamazepine (CBZ); there is not any association between sexual dysfunctions and frequency of seizures; hormonal changes are associated with sexual dysfunction in males with epilepsy treated with AEDs but not with the orgasmic dysfunction; there is not any association between hormonal changes and type of AEDs, except for CBZ; depression is associated with sexual dysfunctions.

Status
In-Process

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20170318

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2017
Administration of Goji (Lycium chinense Mill.) Extracts Improves Erectile Function in Old Aged Rat Model.

Moon HW; Park JW; Lee KW; Jeong HC; Choi JB; Choi SW; Bae WJ; Cho HJ; Ha US; Hong SH; Geum JH; Hong SB; Kim SW.

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[Journal Article]

UI: 28064475

PURPOSE: This study investigated the effect of goji (Lycium chinense Mill.) on erectile dysfunction in old-aged rats.

MATERIALS AND METHODS: Twenty-four 18-month-old male Sprague-Dawley rats (defined as old-aged rats) were used. Treatment groups contained eight rats each: a control group, goji extract of 150 mg/kg/day group, and goji extract of 300 mg/kg/day group. Treatment was by orogastric tube once daily for 6 weeks. After 6 weeks of treatment, testes weight, serum testosterone, superoxide dismutase, nitric oxide (NO)-cyclic guanosine monophosphate (cGMP)-related parameters, intracavernous pressure/mean arterial pressure, and histological changes were examined.

RESULTS: Treatments with goji extracts increased serum testosterone level, increased the expression of endothelial NO synthase, neuronal NO synthase, and cGMP, improved the oxidative stress marker, and decreased corporal fibrosis.

CONCLUSIONS: Our results indicate that goji extract may have a positive effect on erectile dysfunction via its antioxidant effects.

Status

In-Data-Review

Authors Full Name

Moon, Hyong Woo; Park, Jung Woo; Lee, Kyu Won; Jeong, Hyun Cheol; Choi, Jin Bong; Choi, Sae Woong; Bae, Woong Jin; Cho, Hyuk Jin; Ha, U Syn; Hong, Sung Hoo; Geum, Jeong Ho; Hong, Seong Bin; Kim, Sae Woong.

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20170108
Year of Publication
2017

88.
A phytotherapeutic approach to reduce sperm DNA fragmentation in patients with male infertility.

Capece M; Romeo G; Ruffo A; Romis L; Mordente S; Di Lauro G.

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[Journal Article]

UI: 28058714

INTRODUCTION: Infertility affects 50 to 80 million (between 8 and 12% of couples). Male factor is a cause of infertility in almost half of the cases, mainly due to oligoasthenoteratozoospermia. DNA fragmentation is now considered an important factor in the aetiology of male infertility. We studied the effects on semen analysis and on DNA fragmentation of in vivo administration of Myo-Inositol and Tribulus Terrestris plus Alga Ecklonia plus Biovis (Tradafertil; Tradapharma Sagl, Switzerland) in men with previously diagnosed male infertility.

MATERIALS AND METHODS: Sixty patients were enrolled in the present study and were randomized into two subgroups: the group A who received Myo-inositol 1000 mg, Tribulus Terrestris 300 mg, Alga Ecklonia Bicyclis 200 mg and Biovis one tablet a day for 90 days, and the group B (placebo group) who received one placebo tablet a day for 90 days. The primary efficacy outcome was the improvement of semen characteristics after 3 months' therapy and the secondary outcome was the reduction of the DNA fragmentation after treatment.

RESULTS: The groups were homogenous for age, hormonal levels, sperm concentration and all parameters of sperm analysis. Sperm concentration and progressive motility improved after treatment with Tradafertil (3.82 Mil/ml vs. 1.71 Mil/ml; p<0.05; 4.86% vs. 1.00%; p<0.05) as well as the DNA fragmentation (-1.64% vs -0.39%, p<0.001). No side effects were revealed.

CONCLUSIONS: In conclusion, we can affirm that Tradafertil is safe and tolerable. It is a new phytotherapeutic approach to Oligoasthenoteratospermia (OAT) syndrome that could lead to good results without interacting with hypothalamic-pituitary-gonadal axis.

Status
In-Process

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89.
Chronic Administration of Tadalafil Improves the Symptoms of Patients with Amicrobic MAGI: An Open Study.
La Vignera S; Condorelli RA; Mongioi LM; Calogero AE.
[Journal Article]
UI: 28465683
Aim of this study was to evaluate the effects of pharmacological treatment with Tadalafil 5mg daily on symptoms and quality of sperm parameters in selected patients with amicrobic MAGI (male accessory gland inflammation). 120 patients with amicrobic MAGI (mean age 27.0+-6.0 years) with mild-moderate ED (erectile dysfunction) according to IIEF-5 (International Index of Erectile Function 5 Items) scores underwent pharmacological treatment with Tadalafil 5mg daily for six months. Before and after treatment these patients were evaluated through IIEF-5, semen analysis (according to WHO Criteria, 2010), SI-MAGI (Structured Interview about Male Accessory Gland Inflammation), and ultrasound evaluation. Patients with PVE (prostate-vesciculo-epididymitis) showed a significant increase in the percentage of spermatozoa with total (16.0+-8.0 versus 30.0+-6.0%) and progressive motility (8.00+-10.0 versus 25.0+-6.00%). It was a significant reduction of the number of patients with complicated ultrasound forms (30.0 versus 52.0) and a significant increase of the number of patients with uncomplicated ultrasound form (90.0 versus 68.0). Finally, there was a significant reduction in the percentage of patients with alterations of sexual function different from DE, such as premature ejaculation (4.00 versus
8.00%), painful ejaculation (4.00 versus 10.0%), delayed ejaculation (12.50 versus 8.00%), and decreased libido (10.0 versus 25.0%).

Status
In-Data-Review
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OBJECTIVE: Testosterone replacement therapy is indicated for male hypogonadism. This study aimed to evaluate the efficacy and safety of testosterone gel 2% (Tgel) over 90 days.

METHODS: This phase 3, open-label, noncomparator study was conducted in adult hypogonadal men (2 consecutive fasting serum testosterone values <300 ng/dL and >86% subjects with symptoms consistent with testosterone deficiency). Subjects applied Tgel 23 mg/day (single pump-actuation using a hands-free cap applicator). The dose was uptitrated to 46 mg/day after 2 weeks if the 4-hour serum total testosterone level was <500 ng/dL. The dose could be further up- or downtitrated to 23, 46, and 69 mg on Days 21, 42, and 63. The primary endpoint included the percentage of subjects with average testosterone concentration (Cave (0-24)) between 300 and 1,050 ng/dL on Day 90. Safety endpoints were adverse events (AEs), laboratory parameters, and vital signs.

RESULTS: Of the 159 who enrolled, 139 men completed the study. Approximately three-quarters (76.1%) of subjects met Cave criteria on Day 90. Most AEs were mild to moderate. There were 5 serious AEs, and 1 (myocardial infarction) was judged as possibly related to Tgel. Confirmed excessive increases in prostate-specific antigen or hematocrit levels were rare. Tgel had a favorable local skin tolerability profile.

CONCLUSION: Overall, 76% of subjects achieved Cave between 300 and 1,050 ng/dL with Tgel. Symptoms of testosterone deficiency improved with few safety concerns.

ABBREVIATIONS: AE = adverse event Cave(0-24) = average testosterone concentration CI = confidence interval Cmax = maximum concentration IIEF = International Index of Erectile Function MAF = Multidimensional Assessment of Fatigue PK = pharmacokinetic PSA = prostate-specific antigen SAE = serious adverse event SF-12 = Short Form 12 Health Survey Tgel = testosterone gel 2% Tmax = time to achieve maximum concentration TRT = testosterone replacement therapy.

Status
In-Data-Review

Authors Full Name
Cunningham, Glenn; Belkoff, Laurence; Brock, Gerald; Efros, Mitchell; Gittelman, Marc; Carrara, Dario; Neijber, Anders; Ando, Masakazu; Mitchel, Jules.

Date Created
20170222

Year of Publication
2017
OBJECTIVE: Central diabetes insipidus (CDI) is a rare heterogeneous condition with various underlying causes. This study sought to increase the still-limited data on the clinical characteristics and long-term course in adults diagnosed with CDI.

METHODS: Data on demographics, presentation, imaging findings, affected pituitary axes, treatment, and complications were collected retrospectively from the files of 70 adult patients with CDI followed at a referral endocrine clinic.

RESULTS: Forty women and 30 men were included. Mean age was 46.8 +/- 15 years at the time of this study and 29.3 +/- 20 years at CDI diagnosis. Twenty-eight patients were diagnosed in childhood. Forty patients (57%) acquired CDI following surgery. Main sellar pathologies were: craniopharyngioma, 17 patients (11 diagnosed in childhood); Langerhans histiocytosis, 10 patients (5 diagnosed in childhood); 7 patients (all diagnosed as adults) had a growth hormone-secreting adenoma; 12 patients (17%; 6 diagnosed in childhood) had idiopathic CDI. At least one anterior pituitary axis was affected in 73% of the cohort: 59% had growth hormone deficiency, 56% hypogonadism, 55% central hypothyroidism, 44% adrenocorticotropic hormone-cortisol deficiency. Patients with postoperative/trauma CDI (n = 44) tended to have multiple anterior pituitary axes deficits compared to the nonsurgical group of patients. All patients were treated with vasopressin preparations, mostly nasal spray. Hyponatremia developed in 32 patients, more in women, and was severe (<125 mEq/L) in 10 patients. Hypernatremia (>150 mEq/L) was noticed in 5 patients. Overall, the calculated complication rate was 22 in 1,250 treatment-years.

CONCLUSION: Most adult patients with CDI have anterior pituitary dysfunction. Stability is usually achieved with long-term treatment. Women were more susceptible to desmopressin complications, albeit with an overall relatively low complication rate.

ABBREVIATIONS: ACTH = adrenocorticotropic hormone CDI = central diabetes insipidus GH = growth hormone MRI = magnetic resonance imaging.
Correlation of Subjective Symptoms in Patients with Benign Prostatic Hyperplasia and Erectile Dysfunction.
Kardasevic A; Milicevic S.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28428671

INTRODUCTION: Epidemiological studies suggest a link between the symptoms of lower urinary tract (LUTS) caused by benign prostatic hyperplasia (BPH) and erectile dysfunction (ED). Increasing expected period of life, justify the interest of establishing correlations LUTS / BPH and ED in order to find more efficient ways of treating these pathologies.

GOAL: The objective was to evaluate the correlation of symptoms in LUTS/BPH with the degree of ED.

PATIENTS AND METHODS: The study was conducted as a prospective study which involved males aged 40-60 yr with present symptoms of LUTS/BPH. All study subjects underwent quantification of subjective symptoms through the International Prostate Symptom Score-IPSS and International Index of Erectile Dysfunction- IIEF-5. The first group of respondents had IPSS 0-8, second group IPSS 9-19 and the third group IPSS 20 to 35.

RESULTS: The results of ANOVA (F = 112.492, p = 0.000) showed that there was a statistically significant difference (p <0.05) between groups in degree of erectile function (IIEF). Tahmane test showed that there was a statistically significant difference between the first and second group (p = 0.000 <0.05), the first and third group (p = 0.000 <0.05) and the second and third group (p = 0.000 <0.05). Mean degree of ED correlates with IPSS. The results of Fisher's exact test (p =
0.000) confirmed that there was a statistically significant relationship (p <0.05) between the IPSS score and degree of erectile dysfunction (IIEF).

CONCLUSION: Elderly patients have a significantly higher value of IPSS score compared to younger patients. The degree of erectile dysfunction is correlated with symptoms of IPSS score. Severity of symptoms of LUTS/BPH and higher IPSS score, worsens the ED. Results of IIEF-5 score are inversely proportional with symptoms of IPSS score, and increase in IPSS score comes to a decline in IIEF score.

Status
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2017

Ethanol-induced erectile dysfunction and increased expression of pro-inflammatory proteins in the rat cavernosal smooth muscle are mediated by NADPH oxidase-derived reactive oxygen species.

Leite LN; do Vale GT; Simplicio JA; De Martinis BS; Carneiro FS; Tirapelli CR.

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[Journal Article]

UI: 28315342

Ethanol consumption is associated with an increased risk of erectile dysfunction (ED), but the molecular mechanisms through which ethanol causes ED remain elusive. Reactive oxygen species are described as mediators of ethanol-induced cell toxicity/damage in distinctive tissues. The enzyme NADPH oxidase is the main source of reactive oxygen species in the endothelium.
and vascular smooth muscle cells and ethanol is described to increase NADPH oxidase activation and reactive oxygen species generation. This study evaluated the contribution of NADPH oxidase-derived reactive oxygen species to ethanol-induced ED, endothelial dysfunction and production of pro-inflammatory and redox-sensitive proteins in the rat cavernosal smooth muscle (CSM). Male Wistar rats were treated with ethanol (20% v/v) or ethanol plus apocynin (30mg/kg/day; p.o. gavage) for six weeks. Apocynin prevented both the decreased in acetylcholine-induced relaxation and intracavernosal pressure induced by ethanol. Ethanol increased superoxide anion (O2-) generation and catalase activity in CSM, and treatment with apocynin prevented these responses. Similarly, apocynin prevented the ethanol-induced decreased of nitrate/nitrite (NOx), hydrogen peroxide (H2O2) and SOD activity. Treatment with ethanol increased p47phox translocation to the membrane as well as the expression of Nox2, COX-1, catalase, iNOS, ICAM-1 and p65. Apocynin prevented the effects of ethanol on protein expression and p47phox translocation. Finally, treatment with ethanol increased both TNF-alpha production and neutrophil migration in CSM. The major new finding of this study is that NADPH oxidase-derived reactive oxygen species play a role on chronic ethanol consumption-induced ED and endothelial dysfunction in the rat CSM.

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Patterns of Mood and Personality Factors and Associations With STI/HIV-Related Drug and Sex Risk Among African American Male Inmates.

Scheidell JD; Lejuez CW; Golin CE; Adimora AA; Wohl DA; Keen LD 2nd; Hammond M; Judon-Monk S; Khan MR.

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Substance Use & Misuse. 52(7):929-938, 2017 Jun 07.

[Journal Article]
UI: 28426364

BACKGROUND: Research on the association between antisocial personality disorder (ASPD) with comorbid mental disorders and sexually transmitted infection (STI)/HIV risk among inmates is scant despite the high prevalence of psychopathology and of STI/HIV in this population.

METHODS: We used baseline data from Project DISRUPT, a cohort study conducted among incarcerated African American men (n = 207), to measure associations between ASPD and STI/HIV risk. We also conducted latent class analyses (LCAs) to identify subgroups defined by ASPD with comorbid stress, depression, and borderline personality disorder symptoms and measured associations between latent class membership and STI/HIV risk.

RESULTS: Approximately 15% had ASPD and 39% reported depression. Controlling for sociodemographics, stress, and depression, ASPD was independently associated with illicit [AOR = 3.23, 95% confidence interval (CI): 1.18-8.87] and injection drug use (AOR: 5.49, 95% CI: 1.23-24.42) but not with sexual risk. LCAs suggested that those at high risk of ASPD were likely to experience co-morbid mental disorders. ASPD comorbid with these disorders was linked to drug and sex risk.
CONCLUSIONS: STI/HIV prevention for inmates should incorporate diagnosis and treatment of ASPD and comorbid disorders, and interventions to address ASPD-related factors (e.g., impulsivity) that drive STI/HIV risk.
The prevalence of erectile dysfunction (ED) has been extensively studied worldwide. Erectile dysfunction drugs has shown great efficacy in preventing male erectile dysfunction. In order to help doctors know drug taken preference of patients and better prescribe, it is crucial to analyze who actually take erectile dysfunction drugs and the relation between sexual behaviors and drug use. Existing clinical studies usually used descriptive statistics and regression analysis based on small volume of data. In this paper, based on big volume of data (48,630 questionnaires), we use data mining approaches besides statistics and regression analysis to comprehensively analyze the relation between male sexual behaviors and use of erectile dysfunction drugs for unravelling the characteristic of patients who take erectile dysfunction drugs. We firstly analyze the impact of multiple sexual behavior factors on whether to use the erectile dysfunction drugs. Then, we explore to mine the Decision Rules for Stratification to discover patients who are more likely to take drugs. Based on the decision rules, the patients can be partitioned into four potential groups for use of erectile dysfunction: high potential group, intermediate potential-1 group, intermediate potential-2 group and low potential group. Experimental results show 1) the sexual behavior factors, erectile hardness and time length to prepare (how long to prepare for sexual behaviors ahead of time), have bigger impacts both in correlation analysis and potential drug taking patients discovering; 2) odds ratio between patients identified as low potential and high potential was 6.098 (95% confidence interval, 5.159-7.209) with statistically significant differences in taking drug potential detected between all potential groups.
Normative penile anthropometry in term newborns in Kumasi, Ghana: a cross-sectional prospective study.

Asafo-Agyei SB; Ameyaw E; Chanoine JP; Nguah SB.

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[Journal Article]
UI: 28149308

BACKGROUND: Genital measurements are a useful adjunct in the early detection of various endocrine conditions including hypopituitarism and disorders of sexual differentiation. Standards for genital sizes have been published but racial/ethnic differences exist. This study was done to establish norms for genital sizes in term Ghanaian male newborns.

METHODS: This was a cross-sectional study of all apparently well full-term newborns of postnatal age<48 h and birth weight between 2.5 and 4.0 kg delivered at Komfo Anokye Teaching Hospital within the study period. Anthropometric and genital parameters were documented for study subjects as well as parental socio-demographic indices.

RESULTS: A total of 644 male newborns were recruited between May and September 2014. The mean penile length (MPL) was 3.3+/-0.5 cm and the mean penile width (MPW) was 1.05+/-0.1 cm. An inverse relationship was found between maternal age and MPL (correlation coefficient -0.062, 95% CI -0.121 to -0.002; p=0.04). MPL was also significantly different (p=0.04) by mode of
delivery, with babies delivered by caesarean section having the lowest MPL. MPL correlated positively with both gestational age (p=0.04) and birth length (p<0.001), while MPW correlated proportionally with birth weight and length (p<0.001 for both).

CONCLUSIONS: Using the conventional definition of micropenis as stretched penile length (SPL)<2.5 standard deviation (SD) below the mean and macropenis as an SPL>2.5 SD, a Ghanaian term newborn may warrant investigation if he has an MPL<2.1 cm or>4.4 cm.

Status
In-Data-Review

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20170202

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2017
Male Hypogonadism and Osteoporosis: The Effects, Clinical Consequences, and Treatment of Testosterone Deficiency in Bone Health. [Review]
Golds G; Houdek D; Arnason T.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[JOURNAL ARTICLE. REVIEW]
UI: 28408926
It is well recognized that bone loss accelerates in hypogonadal states, with female menopause being the classic example of sex hormones affecting the regulation of bone metabolism. Underrepresented is our knowledge of the clinical and metabolic consequences of overt male hypogonadism, as well as the more subtle age-related decline in testosterone on bone quality. While menopause and estrogen deficiency are well-known risk factors for osteoporosis in women, the effects of age-related testosterone decline in men on bone health are less well known. Much of our knowledge comes from observational studies and retrospective analysis on small groups of men with variable causes of primary or secondary hypogonadism and mild to overt testosterone deficiencies. This review aims to present the current knowledge of the consequences of adult male hypogonadism on bone metabolism. The direct and indirect effects of testosterone on bone cells will be explored as well as the important differences in male osteoporosis and assessment as compared to that in females. The clinical consequence of both primary and secondary hypogonadism, as well as testosterone decline in older males, on bone density and fracture risk in men will be summarized. Finally, the therapeutic options and their efficacy in male osteoporosis and hypogonadism will be discussed.
Status
In-Data-Review
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Arnason, Terra. Division of Endocrinology and Metabolism, Department of Medicine, University of Saskatchewan, Saskatoon, SK, Canada S7N 0W8.
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The aim of the current study was to compare lower urinary tract symptoms (LUTS), erectile dysfunction (ED), and quality of life (QoL) in poststroke and healthy men. Thirty poststroke men with stroke-related LUTS, and as controls, 96 healthy men participated in this controlled, cross-sectional study. Participants filled in the Danish Prostate Symptom Score (DAN-PSS-1) Questionnaire, the International Index of Erectile Function (IIEF-5), the 36-Item Short Form (SF-36), the Nocturia Quality-of-Life (N-QoL) Questionnaire. In the age group <55 years, comparing poststroke men with healthy controls both with LUTS, the results indicated DAN-PSS-1, total score median 13 (4-17) versus 3 (2-6), p = .05; IIEF-5 25 (14-25) versus 24 (23-25), p = .06; SF-12, total score 499 (360-679) versus 695 (644-734), p = .02; and N-QoL 98 (70-100) versus 96 (90-100), p = .65. In the age group >55 years, comparing poststroke men with healthy controls both with LUTS, the results indicated DAN-PSS-1, total score 13 (8-24) versus 5 (2-7), p < .01; IIEF-5 13 (5-20) versus 25 (24-25), p < .01; SF-36, total score 585 (456-718) versus 742 (687-772), p < .01; and N-QoL, total score 81 (66-95) versus 98 (80-100), p < .01. The results demonstrated that in age group above, but not below 55 years, poststroke men with LUTS had significantly higher frequency of severe and bothersome LUTS and ED than the healthy controls with LUTS, while QoL and N-QoL were significantly lower in comparison. It is recommended to identify and assess older poststroke men for LUTS, ED, and QoL.
99.
Modifications of anxiety-like behavior in prenatally stressed male offspring with imbalance of androgens.
Fedotova J; Akulova V; Pivina S; Dragasek J; Caprnda M; Kruzliak P.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28386370

Gonadal hormones have been well-known to affect brain regions known to be involved in the modulation of mood and affective-related behavior. Prenatal stress might alter hypothalamic-pituitary-gonadal axis, it could be a target for development of affective-related disorders in male offspring. The present study was designed to examine an anxiety-like behavior in the adult male offspring with low levels of endogenous androgens delivered from pregnant dams exposed to prenatal stress from gestation day 15 to gestation day 19. The non-stressed and prenatally
stressed intact, gonadectomized (GDX) and GDX male offspring treated with oil solvent or testosterone propionate (TP, 0.5 mg/kg, s.c., 14 days, once daily) were used in all experiments. Anxiety-like behavior was assessed in the elevated plus maze (EPM) and the open field test (OFT), respectively. Also, testosterone levels in the blood serum were measured in all experimental groups of offspring. Prenatally stressed GDX offspring demonstrated a significant decrease for time spent into the open arms and increase for time spent into the closed arms as compared to the non-stressed offspring. Administration of TP to the prenatally stressed GDX offspring resulted in a more markedly decrease of the time spent into the open arms and significantly raised the time spent into the closed arms as compared to the non-stressed GDX offspring treated with TP, non-stressed/prenatally stressed GDX offspring. Prenatally stressed GDX offspring showed a significant increase of crossing, rearing, grooming and defecation as compared to the prenatally stressed control offspring. On the contrary, administration of TP to the prenatally stressed GDX offspring significantly decreased crossing behavior, frequency of rearing and grooming behavior as compared to the non-stressed GDX offspring treated with TP, non-stressed/prenatally stressed GDX offspring. Prenatally stressed GDX offspring demonstrated a significant decrease of testosterone levels as compared to the non-stressed/prenatally stressed intact offspring, as well as non-stressed GDX offspring. Administration of TP significantly increased testosterone levels when prenatally stressed GDX offspring were compared with the prenatally stressed intact offspring, non-stressed/prenatally stressed GDX offspring. Thus, the results of the study clearly suggest that gonadectomy and TP supplementation profoundly changed an anxiety-related behavior in prenatally stressed male offspring in the EPM. Our current findings suggest that androgen deficiency in the prenatally stressed male offspring produces the high anxiety level and induces a marked anxious-like state. TP supplementation provokes development of profoundly anxious-like state in the prenatally stressed male offspring. Furthermore, this is the first study to show anxiogenic-like effect of TP administration on anxiety-related states in prenatally stressed male offspring with androgen deficiency.

Status
PubMed-not-MEDLINE
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Effect of chronic administration of sildenafil citrate (Viagra) on the histology of the retina and optic nerve of adult male rat.

Eltony SA; Abdelhameed SY.

BACKGROUND: Abnormal vision has been reported by 3% of patients treated with sildenafil citrate (Viagra). Although many men use Viagra for an extended period for treatment of erectile dysfunction, the implications of the long term-daily use of it on the retina and optic nerve are unclear.

AIM OF THE WORK: To investigate the effect of chronic daily use of sildenafil citrate in a dose equivalent to men preferred therapeutic dose on the histology of the retina and optic nerve of adult male rat.
MATERIAL & METHODS: Eighteen adult male Wistar rats were equally divided into three groups. Group I: control. Group II: treated with sildenafil citrate orally (10mg/kg/day) for 8 weeks. Group III (withdrawal): treated as group II and then left for 4 weeks without treatment. Specimens from the retina and optic nerve were processed for light and electron microscopy.

RESULTS: In sildenafil citrate treated group, the retina and optic nerve revealed vacuolations and congested blood capillaries with apoptotic endothelial and pericytic cells, and thickened basal lamina. Caspase-3 (apoptotic marker) and CD31 (endothelial marker) expression increased. Glial cells revealed morphological changes: Muller cells lost their processes, activated microglia, astrocytic clasmatodendrosis, degenerated oligodendrocytes surrounded by disintegrated myelin sheathes of the optic nerve fibers. The retina and optic nerve of the withdrawal group revealed less vacuolations and congestion, and partial recovery of the glial cells.

CONCLUSION: Chronic treatment with sildenafil citrate (Viagra) caused toxic effect on the structure of the retina and optic nerve of the rat. Partial recovery was observed after drug withdrawal.

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Status
In-Process
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101.
Treatment response to sildenafil in men with erectile dysfunction relative to concomitant comorbidities and age.
Goldstein I; Stecher V; Carlsson M.
AIM: To evaluate treatment response in men with erectile dysfunction (ED) and concomitant comorbidities.

METHODS: Data were pooled from 42 placebo-controlled, flexible-dose sildenafil trials. In most trials, the sildenafil dose was 50 mg, taken ~1 hour before sexual activity but not more than once daily, with adjustment to 100 or 25 mg as needed. The overall population (N=9413) was stratified by age (<45, 46-64, >65 years). Treatment response was defined as a minimal clinically important difference (MCID) from baseline in the International Index of Erectile Function (IIEF-ED) domain score of >2, >5 and >7 for men with mild, moderate and severe ED at baseline, respectively, or an IIEF-ED domain score >26 (no ED) at end-point.

RESULTS: In the overall population, treatment response using the IIEF-ED MCID definition was significantly greater (P<.0001) with sildenafil vs placebo in men with no comorbidity (77% vs 33%), cardiovascular disease/hypertension only (71% vs 27%), diabetes only (63% vs 24%) or depression only (78% vs 29%). Using an IIEF-ED score >26, treatment response was significantly greater (P<.0001) with sildenafil vs placebo in men with no comorbidity (49% vs 17%), cardiovascular disease/hypertension only (48% vs 12%), diabetes only (40% vs 12%) or depression only (60% vs 17%). With each definition, the treatment response for each age and comorbidity was significantly greater (P<.0065) with sildenafil vs placebo.

CONCLUSION: The treatment response was significantly greater with sildenafil vs placebo in men with ED and each comorbidity regardless of age.

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Evaluation and treatment for ovotesticular disorder of sex development (OT-DSD) - experience based on a Chinese series.

Mao Y; Chen S; Wang R; Wang X; Qin D; Tang Y.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28351396

BACKGROUND: The aim of this study is to review and present the clinical features and process of evaluation and treatment for OT-DSD in a single center in recent years in China.

METHODS: Sixteen patients with OT-DSD during the past 4 years underwent the evaluation and treatment in a single center. The clinical characteristics and outcomes of surgery were analyzed.

RESULTS: The surgical age ranged from 17 months to 66 months with a mean age of 20 months, and the mean follow-up was 30 months (4 months to 56 months). The presentation in 11 patients was ambiguous genitalia, and the rest 5 patients were suspected to have DSD in preoperative examination before hypospadias repair. The karyotypes were 46, XX in 11 patients, 46, XX/46, XY in 3, 46, XX/47, XXY in 1, and 46, XY in 1. Initial reared sex was male in 14 patients, female in 1, and undetermined in 1. After surgery, genders were reassigned in 3 patients, while 15 patients were raised as male with testicular tissue left. Only 1 patient with ovarian tissue left was raised as female. Repair was completed in 11 males and 1 female, and stage I urethroplasty was done in 4 males. No further surgery to remove the gonads was needed for inconsonance of gender assignment. No gonadal tumors were detected.

CONCLUSIONS: OT-DSD is a rare and complex deformity with few systematic reports in China. It's important to establish a regular algorithm for evaluation and treatment of OT-DSD.

Status
In-Process

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Institution
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In Situ Activation of Penile Progenitor Cells With Low-Intensity Extracorporeal Shockwave Therapy.

Lin G; Reed-Maldonado AB; Wang B; Lee YC; Zhou J; Lu Z; Wang G; Banie L; Lue TF.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28258952

BACKGROUND: We previously reported that progenitor cells, or stem cells, exist within penile tissue. We hypothesized that acoustic wave stimulation by low-intensity extracorporeal shockwave therapy (Li-ESWT) would activate local stem or progenitor cells within the penis, producing regenerative effects.

AIMS: To study the feasibility of in situ penile progenitor cell activation by Li-ESWT.

METHODS: We performed a cohort analysis of young and middle-age male Sprague-Dawley rats treated with 5-ethyl-2'-deoxyuridine (EdU) pulse followed by Li-ESWT. In addition, Li-ESWT was applied to cultured Schwann cells and endothelial cells to study the molecular mechanism involved in cell proliferation. Thirty minutes before Li-ESWT, each rat received an intraperitoneal
injection of EdU. Li-ESWT was applied to the penis at very low (0.02 mJ/mm2 at 3 Hz for 300 pulses) or low (0.057 mJ/mm2 at 3 Hz for 500 pulses) energy levels. The endothelial and Schwann cells were treated with very low energy (0.02 mJ/mm2 at 3 Hz for 300 pulses) in vitro.

OUTCOMES: At 48 hours or 1 week after Li-ESWT, penile tissues were harvested for histologic study to assess EdU+ and Ki-67+ cells, and cell proliferation, Ki-67 expression, Erk1/2 phosphorylation, translocation, and angiogenesis were examined in cultured Schwann and endothelial cells after Li-ESWT.

RESULTS: Li-ESWT significantly increased EdU+ cells within penile erectile tissues (P < .01) at 48 hours and 1 week. There were more cells activated in young animals than in middle-age animals, and the effect depended on dosage. Most activated cells were localized within subtunical spaces. In vitro studies indicated that Li-ESWT stimulated cell proliferation through increased phosphorylation of Erk1/2.

CLINICAL TRANSLATION: The present results provide a possible explanation for the clinical benefits seen with Li-ESWT.

STRENGTHS AND LIMITATIONS: The main limitation of the present project was the short period of study and the animal model used. Li-ESWT could be less effective in improving erectile function in old animals because of the decreased number and quality of penile stem or progenitor cells associated with aging.

CONCLUSION: Li-ESWT activation of local penile progenitor cells might be one of the mechanisms that contribute to the beneficial effects of shockwave treatment for erectile dysfunction, which represents a non-invasive alternative to exogenous stem cell therapy. Lin G, Reed-Maldonado AB, Wang B, et al. In Situ Activation of Penile Progenitor Cells With Low-Intensity Extracorporeal Shockwave Therapy. J Sex Med 2017;14:493-501.

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Year of Publication
2017

Expanding the genetic spectrum of ANOS1 mutations in patients with congenital hypogonadotropic hypogonadism.

Goncalves CI; Fonseca F; Borges T; Cunha F; Lemos MC.

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[Journal Article]
STUDY QUESTION: What is the prevalence and functional consequence of ANOS1 (KAL1) mutations in a group of men with congenital hypogonadotropic hypogonadism (CHH)?

SUMMARY ANSWER: Three of forty-two (7.1%) patients presented ANOS1 mutations, including a novel splice site mutation leading to exon skipping and a novel contiguous gene deletion associated with ichthyosis.

WHAT IS KNOWN ALREADY: CHH is characterized by lack of pubertal development and infertility, due to deficient production, secretion or action of GnRH, and can be associated with anosmia/hyposmia (Kallmann syndrome, KS) or with a normal sense of smell (normosmic CHH). Mutations in the anosmin-1 (ANOS1) gene are responsible for the X-linked recessive form of KS.

STUDY DESIGN, SIZE, DURATION: This cross-sectional study included 42 unrelated men with CHH (20 with KS and 22 with normosmic CHH).

PARTICIPANTS/MATERIALS, SETTING, METHODS: Patients were screened for mutations in the ANOS1 gene by DNA sequencing. Identified mutations were further investigated by RT-PCR analysis and multiplex ligation-dependent probe amplification (MLPA) analysis.

MAIN RESULTS AND THE ROLE OF CHANCE: Hemizygous mutations were identified in three (7.1%) KS cases: a novel splice acceptor site mutation (c.542-1G>C), leading to skipping of exon 5 in the ANOS1 transcript in a patient with self-reported normosmia (but hyposmic upon testing); a recurrent nonsense mutation (c.571C>T, p.Arg191*); and a novel 4.8 Mb deletion involving ANOS1 and eight other genes (VCX3B, VCX2, PNPLA4, VCX, STS, HDHD1, VCX3A and NLGN4X) in KS associated with ichthyosis.

LIMITATIONS, REASONS FOR CAUTION: Objective olfactory testing was not performed in all cases of self-reported normosmia and this may have underestimated the olfactory deficits.

WIDER IMPLICATIONS OF THE FINDINGS: This study further expands the spectrum of known genetic defects associated with CHH and suggests that patients with self-reported normal olfactory function should not be excluded from ANOS1 genetic testing.

STUDY FUNDING/COMPETING INTEREST(S): This study was funded by the Portuguese Foundation for Science and Technology. The authors have no conflicts of interest.

TRIAL REGISTRATION NUMBER: N/A.

Status

In-Data-Review

Authors Full Name

Goncalves, C I; Fonseca, F; Borges, T; Cunha, F; Lemos, M C.

Institution

105.
State-of-the-Art: a Review of Cardiovascular Effects of Testosterone Replacement Therapy in Adult Males. [Review]
Elsherbiny A; Tricomi M; Bhatt D; Dandapantula HK.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 28361372
PURPOSE OF REVIEW: According to an Endocrine Society Clinical Practice Guideline published in June 2010, testosterone replacement therapy (TRT) should be administered only to men who are hypogonadal with documented low testosterone level on two morning measurements. This recommendation was based on previous studies that did not show an increased risk in cardiovascular events with TRT. In contrast, recent studies did show an increased risk which prompted the FDA to investigate further.
RECENT FINDINGS: Multiple studies suggested an increased risk in cardiovascular events among groups of men prescribed TRT. There is recent evidence that TRT can be associated with higher cardiovascular risks, while these risks are still not well established, and more well-designed trials are needed. Physicians should always be cautious when prescribing TRT to their patients. Potential risks should be discussed with each patient, and TRT requires regular monitoring to help minimize side effects.
Status
In-Data-Review
106.
A randomized single-center study to compare the efficacy and tolerability of tadalafil once daily
plus lidocaine anesthetic spray on premature ejaculation.

Dell'Atti L; Galosi AB; Ippolito C.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28338191

OBJECTIVE: The use of topical local anesthetics in the form of creams, gel or spray is the oldest
method of retarding ejaculation. However, several studies have suggested that
phosphodiesterase type 5 inhibitors (5-PDEiS) show a potential therapeutic use in the treatment
of premature ejaculation (PE). The aim of this study was to compare the efficacy and tolerability
of tadalafil-only, tadalafil plus local anesthetic spray (lidocaine), and topical lidocaine spray-only
before intercourse on the intravaginal ejaculatory latency time (IELT) of patients with lifelong PE.
PATIENTS AND METHODS: The study included 78 men in stable heterosexual, monogamous
relationships (of >3 months) who were diagnosed with lifelong PE. The patients were divided into
three groups: G1: 25 patients who received lidocaine spray 10 g/100 ml at 5 min before
intercourse; G2: 27 patients who received tadalafil 5 mg once daily; G3: 26 patients who treated
with tadalafil once daily plus lidocaine spray before planned sexual activity. The treatments were
continued for up to three months in all groups. Moreover, the quality of their sexual attempts was
rated on a 5-point scale. Follow-up was made at 1-month and 3-month.

RESULTS: Not statistically significant differences emerged between the three groups at baseline.
Mean ejaculatory latency time at the 3-month follow-up in G1, G2 and G3 was 3.7+/ -1.3, 3.4+/ -
1.5, 5.6+/ -1.7 (p<0.001). Mean satisfaction score was at the 3-month follow-up in G1: 2.8+/ -1.4, in
G2: 2.9+/ -1.8, and G3: 3.7+/ -1.5 (p<0.002). None of the patients withdrew from the study
because of these adverse events.

CONCLUSIONS: This study demonstrates that tadalafil used daily has a role on treatment in
lifelong PE. This action is valid when combined strategically to the synergistic action of lidocaine
spray applied before intercourse increasing significantly the mean IELT.

Status
In-Data-Review
Authors Full Name
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Date Created
20170324
Year of Publication
2017

107.
Prevalence and determinants of erectile dysfunction among diabetic patients attending in
hospitals of central and northwestern zone of Tigray, northern Ethiopia: a cross-sectional study.
Seid A; Gerensea H; Tarko S; Zenebe Y; Mezemir R.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28298205
BACKGROUND: The prevalence of erectile dysfunction among diabetic men varies between 35-90%. Although erectile dysfunction is widespread among men with diabetes, the condition often remains undiagnosed and demands appropriate assessment and prompt treatment. Erectile dysfunction can affect all aspects of a patient's life including physical, emotional, social, sexual, and relationships. The main aim of this study is to determine the prevalence and determinants of erectile dysfunction among diabetic patients attending hospitals in the Central and Northwest zone of Tigray, Ethiopia.

METHODS: A hospital based cross-sectional study was conducted on 249 male diabetic patients attending five hospitals in the Central and Northwestern Zone of Tigray, Ethiopia using systematic random sampling. The data was collected from January 1 - February 30, 2016 and was entered and analyzed using SPSS version 20. Correlation and multivariate logistic regression was employed to test associations between independent and outcome variables.

RESULTS: The mean age of study participants was 43.39 years and the mean duration of diabetes diagnosis was 6.22 years. The overall prevalence of erectile dysfunction was 69.9%, with 32.9% suffering from mild, 31.7% moderate, and 5.2% severe erectile dysfunction. Multivariate logistic regression revealed that erectile dysfunction was significantly predicted by old age (Adjusted Odds Ratio [AOR] =15.013, CI:3.212-70.166), longer duration of diabetes (AOR=3.77, CI:1.291-11.051), and lower monthly income (AOR=0.285, CI:0.132-0.615). No association was found with body mass index, co-morbidity, glycemic control, and alcohol consumption.

CONCLUSION: The prevalence of erectile dysfunction in this study population was very high. Age, income, and duration of diabetes were the independent predictors of erectile dysfunction. Nearly all of the patients in the sample (97%) had not been screened or treated for erectile dysfunction. Assessment and management of erectile dysfunction in the diabetic clinic should be part of routine medical care during follow-up visits with diabetic patients. Healthcare providers should put an emphasis on screening and treating older patients and those who had a diabetes diagnosis for a longer duration.

Status
In-Process

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108.

Treatment of Hypogonadism: Current and Future Therapies. [Review]
Thirumalai A; Berkseth KE; Amory JK.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 28149506

The treatment of hypogonadism in men is of great interest to both patients and providers. There are a number of testosterone formulations currently available and several additional formulations under development. In addition, there are some lesser-used alternative therapies for the management of male hypogonadism, which may have advantages for certain patient groups. The future of hypogonadism therapy may lie in the development of selective androgen receptor modulators that allow the benefits of androgens whilst minimizing unwanted side effects.

Status
In-Data-Review

Authors Full Name
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109.
Pandian RM; John NT; Eapen A; Antonisamy B; Devasia A; Kekre N.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28124535
OBJECTIVES: To study the usefulness of MRI in preoperative evaluation of PFUDD. Can MRI provide additional information on urethral distraction defect (UDD) and cause of erectile dysfunction (ED)?
MATERIALS AND METHODS: In this prospective study, consecutive male patients presenting with PFUDD were included from Feb 2011 till Dec 2012. Those with traumatic spinal cord injury and pre-existing ED were excluded. Patients were assessed using IIEF questionnaire, retrograde urethrogram and micturating cystourethrogram (RGU+MCU) and MRI pelvis. Primary end point was erectile function and secondary end point was surgical outcome.
RESULTS: Twenty patients were included in this study. Fourteen patients (70%) were <40years; fifteen patients (75%) had ED, seven patients (35%) had severe ED. MRI findings associated with ED were longer median UDD (23mm vs. 15mm, p=0.07), cavernosal injury (100%, p=0.53), rectal injury (100%, p=0.53), retropubic scarring (60%, p=0.62) and prostatic displacement (60%, p=0.99). Twelve patients (60%) had a good surgical outcome, five (25%) had an acceptable outcome, three (15%) had a poor outcome. Poor surgical outcome was associated with rectal injury (66.7%, p=0.08), cavernosal injury (25%, p=0.19), retropubic scarring (18.1%, p=0.99) and prostatic displacement (16.7%, p=0.99). Five patients with normal erections had good surgical outcome. Three patients with ED had poor outcome (20%, p=0.20).
CONCLUSIONS: MRI did not offer significant advantage over MCU in the subgroup of men with normal erections. Cavernosal injury noted on MRI strongly correlated with ED. Role of MRI may be limited to the subgroup with ED or an inconclusive MCU.

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Status

In-Process

Authors Full Name

Pandian, Rajadoss Muthukrishna; John, Nirmal Thampi; Eapen, Anu; Antonisamy, B; Devasia, Antony; Kekre, Nitin.

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20170126

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110.
Short-term buserelin administration induces apoptosis and morphological changes in adult rat testes.

Khadivi B; Peirouvi T; Javanmardl MZ; Rasmi Y.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

PURPOSE: To investigate the effect of buserelin on gonadal structure and function in adult male rats.

METHODS: Twenty-four adult Wistar male rats were divided into three groups: two treated groups and controls. The first and second treated groups received 300 (low dose) and 500 (high dose) micro g/kg buserelin, respectively, and the control group received normal saline. All groups were treated subcutaneously for five days.

RESULTS: The seminiferous tubular epithelial thickness was significantly decreased in the treated groups compared with those in the control. There was a significant increase in apoptotic cell death in high dose treated group compared with low dose treated and control groups. No significant difference in serum testosterone level was observed after one month in the three groups.

CONCLUSION: Buserelin induces apoptotic cell death and decreased diameter and epithelium thickness of seminiferous tubules in the adult rat testes.
Persistent erectile dysfunction in men exposed to the 5alpha-reductase inhibitors, finasteride, or dutasteride.

Kiguradze T; Temps WH; Yarnold PR; Cashy J; Brannigan RE; Nardone B; Micali G; West DP; Belknap SM.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]
UI: 28289563

IMPORTANCE: Case reports describe persistent erectile dysfunction (PED) associated with exposure to 5alpha-reductase inhibitors (5alpha-RIs). Clinical trial reports and the manufacturers' full prescribing information (FPI) for finasteride and dutasteride state that risk of sexual adverse effects is not increased by longer duration of 5alpha-RI exposure and that sexual adverse effects of 5alpha-RIs resolve in men who discontinue exposure.

OBJECTIVE: Our chief objective was to assess whether longer duration of 5alpha-RI exposure increases risk of PED, independent of age and other known risk factors. Men with shorter 5alpha-RI exposure served as a comparison control group for those with longer exposure.

DESIGN: We used a single-group study design and classification tree analysis (CTA) to model PED (lasting >90 days after stopping 5alpha-RI). Covariates included subject attributes, diseases, and drug exposures associated with sexual dysfunction.

SETTING: Our data source was the electronic medical record data repository for Northwestern Medicine.

SUBJECTS: The analysis cohorts comprised all men exposed to finasteride or dutasteride or combination products containing one of these drugs, and the subgroup of men 16-42 years old and exposed to finasteride <1.25 mg/day.

MAIN OUTCOME AND MEASURES: Our main outcome measure was diagnosis of PED beginning after first 5alpha-RI exposure, continuing for at least 90 days after stopping 5alpha-RI, and with contemporaneous treatment with a phosphodiesterase-5 inhibitor (PDE5I). Other outcome measures were erectile dysfunction (ED) and low libido. PED was determined by manual review of medical narratives for all subjects with ED. Risk of an adverse effect was expressed as number needed to harm (NNH).

RESULTS: Among men with 5alpha-RI exposure, 167 of 11,909 (1.4%) developed PED (persistence median 1,348 days after stopping 5alpha-RI, interquartile range (IQR) 631.5-2320.5 days); the multivariable model predicting PED had four variables: prostate disease, duration of 5alpha-RI exposure, age, and nonsteroidal anti-inflammatory drug (NSAID) use. Of 530 men with new ED, 167 (31.5%) had new PED. Men without prostate disease who combined NSAID use with >208.5 days of 5alpha-RI exposure had 4.8-fold higher risk of PED than men with shorter
exposure (NNH 59.8, all p < 0.002). Among men 16-42 years old and exposed to finasteride <1.25 mg/day, 34 of 4,284 (0.8%) developed PED (persistence median 1,534 days, IQR 651-2,351 days); the multivariable model predicting PED had one variable: duration of 5alpha-RI exposure. Of 103 young men with new ED, 34 (33%) had new PED. Young men with >205 days of finasteride exposure had 4.9-fold higher risk of PED (NNH 108.2, p < 0.004) than men with shorter exposure.

CONCLUSION AND RELEVANCE: Risk of PED was higher in men with longer exposure to 5alpha-RIs. Among young men, longer exposure to finasteride posed a greater risk of PED than all other assessed risk factors.

Status
In-Data-Review

Authors Full Name
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Endocrine disrupting pesticides impair the neuroendocrine regulation of reproductive behaviors and secondary sexual characters of red munia (Amandava amandava).

Pandey SP; Tsutsui K; Mohanty B.

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[Journal Article]

UI: 28119157

The exposure effects of two endocrine disrupting pesticides (EDPs), mancozeb/MCZ and imidacloprid/IMI of the group dithiocarbamate and neonicotinoid respectively, on reproductive behaviors and secondary sexual characters have been studied in a seasonally breeding wildlife bird, red munia (Amandava amandava). Adult male birds were exposed to both the pesticides individually (0.25% LD50 of each) as well as co-exposed (MIX-I: 0.25% LD50 of each and MIX-II: 0.5% LD50 of each) through food for 30d in preparatory (July-August) and breeding (September-October) phase of reproductive cycle. Singing and pairing patterns started decreasing from 2nd week to complete disappearance during 4th week of pesticides exposures at both the phases of reproductive cycles. Similar trend was observed in the disappearance of spots on the plumage as well as color of both plumage and beak which turned black/gray from red. Pesticides caused impairment of the lactotrophic as well as hypothalamic-pituitary-testicular (HPT) axes as there was increased plasma PRL and decreased LH, FSH and testosterone levels. Testicular expressions of GnRH and androgen receptor/AR were significantly decreased but that of GnIH significantly increased as compared to control. Significant differences among individually- and co-exposed groups were also present. Abnormalities in sexual behaviors and secondary sexual characteristics could be linked to inhibition of HPT axis and/or direct toxicity at the level of hypothalamus, pituitary and testis. In addition, pesticide-induced hyperprolactinemia as well as impaired thyroid hormones might have also affected maintenance of reproductive behaviors. On co-exposures, the more distinct impairments might be due to cumulative toxicity of pesticides.

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Status
In-Data-Review

Authors Full Name
An open-label clinical trial to investigate the efficacy and safety of corifollitropin alfa combined with hCG in adult men with hypogonadotropic hypogonadism.

Nieschlag E; Bouloux PG; Stegmann BJ; Shankar RR; Guan Y; Tzontcheva A; McCrary Sisk C; Behre HM.

BACKGROUND: Hypogonadotropic hypogonadism (HH) in men results in insufficient testicular function and deficiencies in testosterone and spermatogenesis. Combinations of human chorionic gonadotropin (hCG) and recombinant follicle-stimulating hormone (recFSH) have been successful in the treatment of HH. Corifollitropin alfa is a long-acting FSH-analog with demonstrated action in women seeking infertility care. The aim of this study was to investigate the efficacy and safety of corifollitropin alfa combined with hCG to increase testicular volume and induce spermatogenesis in men with HH.

METHODS: This was a Phase III, multi-center, open-label, single-arm trial of corifollitropin alfa in azoospermic men aged 18 to 50 years with HH. After 16 weeks of pretreatment of 23 subjects with hCG alone, 18 subjects with normalized testosterone (T) levels who remained azoospermic entered the 52-week combined treatment phase with hCG twice-weekly and 150 mug corifollitropin alfa every other week. The increase in testicular volume (primary efficacy endpoint)
and induction of spermatogenesis resulting in a sperm count >1x10⁶/mL (key secondary efficacy endpoint) during 52 weeks of combined treatment were assessed. Safety was evaluated by the presence of anti-corifollitropin alfa antibodies and the occurrence of adverse events (AEs).

RESULTS: Mean (+/-SD) testicular volume increased from 8.6 (+/-6.09) mL to 17.8 (+/-8.93) mL (geometric mean fold increase, 2.30 [95% CI: 2.03, 2.62]); 14 (77.8%) subjects reached a sperm count >1x10⁶/mL. No subject developed confirmed anti-corifollitropin alfa antibodies during the trial. Treatment was generally well tolerated.

CONCLUSIONS: Corifollitropin alfa 150 µg administrated every other week combined with twice-weekly hCG for 52 weeks increased testicular volume significantly, and induced spermatogenesis in >75% of men with HH who had remained azoospermic after hCG treatment alone.

TRIAL REGISTRATION: ClinicalTrials.gov: NCT01709331.

Status
In-Process

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2017
INTRODUCTION: Like other fibrotic diseases, the cause of Peyronie's disease (PD) is still obscure. Since there is now increasing evidence for the role of Mesenchymal Stem Cells (MSCs) as potential treatment to fibrosis, it is crucial to determine their possible efficacy in the treatment of PD. Areas covered: In this review, the authors summarize the emerging data and published studies regarding the use of SCs for the treatment of PD. The authors provide particular focus on the three-first experimental studies for the use of SCs in rat models as well as the sole two studies undertaken in humans. Expert opinion: It seems evident in experimental settings that SCs in general (Adipose Derived SCs in particular) provide a feasible, safe and effective therapy for PD. The potential limits of the rat models used initially have been somewhat overcome with the inception of studies in men. However, further prospective studies are needed in humans to further elucidate the therapeutic potential of stem cell therapy in PD.

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20170309

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2017
Gonad histology and serum 11-KT profile during the annual reproductive cycle in sterlet sturgeon adult males, Acipenser ruthenus.

Golpour A; Broquard C; Milla S; Dadras H; Baloch AR; Saito T; Psenicka M.

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[Journal Article]

UI: 28109018

The aim of this study was to assess monthly testicular development in the cultured breeding stock of sterlet, Acipenser ruthenus, using histological and serum sex steroid changes. Testicular development in the adult male was examined monthly and showed four distinct phases including resting, pre-spawning, spawning and post-spawning. Also, seasonal changes of the testes were described according to its variations in gonadosomatic index (GSI) during different phases of testicular development. Using histology, we identified continuous spermatogenesis and asynchronous gonad development pattern in the testes of male sterlet, which shows that regulation of annual gonadal cycle is influenced by season. Results also showed variation in the GSI value and number of spermatogenic cells according to each season during annual cycle of gonad, as the highest value of GSI was recorded during spawning phase (spring; March-May). Hormonal profiles of 11-ketotestosterone (11-KT) showed peak, which indicated a seasonal pattern of gonadal development. The 11-KT concentration increased considerably during the spermatogenesis (pre-spawning phase) and remained quite high throughout the pre-spermiation period. In the final phase of testicular development (spawning phase), the 11-KT markedly dropped. This study undertook an examination of complete reproductive development in cultured sterlet sturgeon to provide a valuable guide for the future sterlet studies, and allows comparison of reproductive development between sturgeon species.

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Status

In-Process

Authors Full Name

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Estrogens regulate glycosylation of IgG in women and men.

Ercan A; Kohrt WM; Cui J; Deane KD; Pezer M; Yu EW; Hausmann JS; Campbell H; Kaiser UB; Rudd PM; Lauc G; Wilson JF; Finkelstein JS; Nigrovic PA.

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[Journal Article]

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The immunologic potency of IgG is modulated by glycosylation, but mechanisms regulating this process are undefined. A role for sex hormones is suggested by differences in IgG glycans.
between women and men, most prominently with respect to galactose. We therefore assessed IgG galactosylation in 713 healthy adults from 2 cohorts as well as in 159 subjects from 4 randomized controlled studies of endocrine manipulation: postmenopausal women receiving conjugated estrogens, raloxifene, or placebo; premenopausal women deprived of gonadal hormones with leuprolide and treated with estradiol or placebo; men deprived of gonadal hormones with goserelin and given testosterone or placebo; and men deprived of gonadal hormones with goserelin and given testosterone or placebo together with anastrozole to block conversion of testosterone to estradiol. Menopause was associated with an increase in agalactosylated IgG glycans, particularly in the most abundant fucosylated nonbisected (G0F) glycoform. Conjugated estrogens and raloxifene reduced GOF glycans in postmenopausal women, while in premenopausal women leuprolide increased GOF glycans in a manner reversed by estradiol. Among men, goserelin increased GOF glycans, an effect blocked by testosterone through conversion to estradiol. These results establish estrogens as an in vivo modulator of IgG galactosylation in both women and men, defining a pathway by which sex modulates immunity.

Status

In-Data-Review

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Erectile dysfunction and exposure to ambient Air pollution in a nationally representative cohort of older Men.

Tallon LA; Manjourides J; Pun VC; Mittleman MA; Kioumourtzoglou MA; Coull B; Suh H.

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[Journal Article]
BACKGROUND: Little is known about the association between air pollution and erectile dysfunction (ED), a disorder occurring in 64% of men over the age of 70, and to date, no studies have been published. To address this significant knowledge gap, we explored the relationship between ED and air pollution in a group of older men who were part of the National Social Life, Health, and Aging Project (NSHAP), a nationally representative cohort study of older Americans.

METHODS: We obtained incident ED status and participant data for 412 men (age 57-85). Fine particulate matter (PM2.5) exposures were estimated using spatio-temporal models based on participants' geocoded addresses, while nitrogen dioxide (NO2) and ozone (O3) concentrations were estimated using nearest measurements from the Environmental Protection Agency's Air Quality System. The association between air pollution and incident ED (newly developed in Wave 2) was examined and logistic regression models were run with adjusted models controlling for race, education, season, smoking, obesity, diabetes, depression, and median household income of census tract.

RESULTS: We found positive, although statistically insignificant, associations between PM2.5, NO2, and O3 exposures and odds of incident ED for each of our examined exposure windows, including 1 to 7 year moving averages. Odds ratios (OR) for 1 and 7 year moving averages equaled 1.16 (95% CI: 0.87, 1.55) and 1.16 (95% CI: 0.92, 1.46), respectively, for an IQR increase in PM2.5 exposures. Observed associations were robust to model specifications and were not significantly modified by any of the examined risk factors for ED.

CONCLUSIONS: We found associations between PM2.5, NO2, and O3 exposures and odds of developing ED that did not reach nominal statistical significance, although exposures to each pollutant were consistently associated with higher odds of developing ED. While more research is needed, our findings suggest a relationship between air pollutant exposure and incident cases of ED, a common condition in older men.

Status
In-Data-Review

Authors Full Name
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Comparative Study of Reproductive Development in Wild and Captive-Reared Greater Amberjack Seriola dumerili (Risso, 1810).

Zupa R; Rodriguez C; Mylonas CC; Rosenfeld H; Fakriadis I; Papadaki M; Perez JA; Pousis C; Basiline G; Corriero A.


[Journal Article]

UI: 28056063

The greater amberjack Seriola dumerili is a large teleost fish with rapid growth and excellent flesh quality, whose domestication represents an ambitious challenge for aquaculture. The occurrence of reproductive dysfunctions in greater amberjack reared in captivity was investigated by comparing reproductive development of wild and captive-reared individuals. Wild and captive-reared breeders were sampled in the Mediterranean Sea during three different phases of the reproductive cycle: early gametogenesis (EARLY, late April-early May), advanced gametogenesis (ADVANCED, late May-early June) and spawning (SPAWNING, late June-July). Fish
reproductive state was evaluated using the gonado-somatic index (GSI), histological analysis of the gonads and determination of sex steroid levels in the plasma, and correlated with leptin expression in the liver and gonad biochemical composition. The GSI and sex steroid levels were lower in captive-reared than in wild fish. During the ADVANCED period, when the wild greater amberjack breeders were already in spawning condition, ovaries of captive-reared breeders showed extensive atresia of late vitellogenic oocytes and spermatogenic activity ceased in the testes of half of the examined males. During the SPAWNING period, all captive-reared fish had regressed gonads, while wild breeders still displayed reproductive activity. Liver leptin expression and gonad proximate composition of wild and captive greater amberjack were similar. However, the gonads of captive-reared fish showed different total polar lipid contents, as well as specific lipid classes and fatty acid profiles with respect to wild individuals. This study underlines the need for an improvement in rearing technology for this species, which should include minimum handling during the reproductive season and the formulation of a specific diet to overcome the observed gonadal decrements of phospholipids, DHA (22:6n-3) and ARA (20:4n-6), compared to wild breeders.

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In-Data-Review

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119.
Re: Natural History, Risk Factors and Clinical Features of Primary Hypogonadism in Ageing Men: Longitudinal Data from the European Male Ageing Study.
Seftel AD.
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[Journal Article]
UI: 28208555
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Authors Full Name
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Erectile dysfunction (ED) impacts over 100 million men worldwide and occurs at a higher incidence in men with hypertension. Beta blockers are one of several antihypertensive drug classes associated with ED. Nebivolol is a beta blocker with vasodilating properties mediated through endothelial release of nitric oxide which facilitates penile erection. Thus, nebivolol may offer an advantage over other beta blockers in the patient with hypertension and ED. A literature search comparing nebivolol with other beta blockers identified four European studies of limited duration, with the longest study being 28 weeks. Survey scores for erectile function showed significant improvement in erectile function with nebivolol in two of the studies, while the other two studies showed erectile function did not significantly worsen with nebivolol as compared with other beta blocker agents. One study showed improved erectile function scores, possibly due to the presence of a Hawthorne effect. Based on this small sample of studies, nebivolol may be of use in the patient with or at risk of developing ED, when a practitioner specifically wants to use a beta blocker as add-on antihypertensive treatment.
Intracavernous Injection of Human Umbilical Cord Blood Mononuclear Cells Improves Erectile Dysfunction in Streptozotocin-Induced Diabetic Rats.

Cengiz T; Kaya E; Oral DY; Ozakca I; Bayatli N; Karabay AZ; Ensari TA; Karahan T; Yilmaz E; Gur S.

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[Journal Article]
UI: 28065360

INTRODUCTION: Erectile dysfunction (ED) worsens in men with diabetes. Human umbilical cord blood (HUCB), because of its widespread availability and low immunogenicity, is a valuable source for stem cell-based therapies.

AIM: To determine the effect of intracavernous injection of HUCB mononuclear cells (MNCs) on ED in rats with diabetes induced by streptozotocin.

METHODS: Thirty adult male Sprague-Dawley rats were equally divided into three groups: (i) control, (ii) diabetes induced by streptozotocin (35 mg/kg intravenously for 8 weeks), and (iii) diabetic rats treated with MNCs (1 x 106 cells by intracavernosal injection). The HUCB-MNCs isolated by the Ficoll-Hypaque technique were obtained from eight healthy donors and administered to diabetic rats after 4 weeks.

MAIN OUTCOME MEASURES: The ratio of intracavernosal pressure to mean arterial pressure ratio; the protein expression of endothelial and neuronal markers, such as von Willebrand factor, neuronal nitric oxide synthase, hypoxia-inducible factor-1alpha, and vascular endothelium growth factor; and the relative area of smooth muscle to collagen using western blotting and Masson trichrome staining were determined.

RESULTS: Diabetic rats demonstrated a significantly decreased ratio of intracavernosal pressure to mean arterial pressure ratio (0.26 +/- 0.04; P < .01) and treatment with MNCs restored erectile function in diabetic rats (0.67 +/- 0.05) compared with control rats (0.56 +/- 0.02). In bath studies, neurogenic relaxant and contractile responses were significantly decreased in diabetic cavernosal tissues, which were restored by treatment. The ratio of smooth muscle to collagen was partly recovered by treatment, whereas von Willebrand factor levels were not altered in any group. Neuronal nitric oxide synthase and vascular endothelium growth factor levels were decreased,
which were not restored by treatment. Increased hypoxia-inducible factor-1alpha protein expression in the diabetic group was completely normalized in MNC-treated diabetic samples.

CONCLUSION: These results suggest that HUCB-MNC treatment can enhance the recovery of erectile function and promote numerous activities such the contribution of the hypoxia-inducible factor-1alpha and von Willebrand factor pathway to the neurogenic erectile response of diabetic rats. HUCB-MNCs in the healing process could involve an adaptive regenerative response and appear to be a potential candidate for cell-based therapy in ED of men with diabetes. It is evident that HUCB could provide a realistic therapeutic modality for the treatment of diabetic ED.

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Status
In-Data-Review

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Standards for Clinical Trials in Male and Female Sexual Dysfunction: III. Unique Aspects of Clinical Trials in Male Sexual Dysfunction.

Fisher WA; Gruenwald I; Jannini EA; Lev-Sagie A; Lowenstein L; Pyke RE; Reisman Y; Revicki DA; Rubio-Aurioles E.

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[Journal Article]
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This series of articles, Standards for Clinical Trials in Male and Female Sexual Dysfunction, began with the discussion of a common expected standard for clinical trial design in male and female sexual dysfunction, a common rationale for the design of phase I to IV clinical trials, and common considerations for the selection of study population and study duration in male and female sexual dysfunction. The second article in this series discussed fundamental principles in development, validation, and selection of patient- (and partner-) reported outcome assessment. The third and present article in this series discusses selected aspects of sexual dysfunction that are that are unique to male sexual dysfunctions and relevant to the conduct of clinical trials of candidate treatments for men.

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Status
In-Data-Review

Authors Full Name
Fisher, William A; Gruenwald, Ilan; Jannini, Emmanuele A; Lev-Sagie, Ahinoam; Lowenstein, Lior; Pyke, Robert E; Reisman, Yakov; Revicki, Dennis A; Rubio-Aurioles, Eusebio.

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The focus of this article, the fourth in the series, Standards for Clinical Trials in Male and Female Sexual Dysfunction, is on aspects of clinical trial design and measurement that are specific to clinical trials for treatments of female sexual dysfunction. Challenges in this area include the limited extent of treatment development and clinical trial research across the spectrum of female sexual dysfunctions, changing regulatory considerations, changing diagnostic criteria for female sexual dysfunction, and the need to articulate assessment procedures to these changes.
Discussion focuses on approaches to addressing these challenges in clinical trials in female sexual dysfunction.

Effects of a supplement combining Pycnogenol and l-arginine aspartate on lower urinary dysfunction compared with saw palmetto extract.
OBJECTIVES: Lower urinary tract symptoms (LUTS) and sexual dysfunction (SDys) are common problems that affect quality of life (QOL) in elderly men. In addition to prescribed drugs, many over-the-counter medications including supplements are used to treat QOL diseases. Phosphodiesterase inhibitors are reported to be effective for both LUTS and SDys by increasing nitric oxide levels. French maritime pine bark extract Pycnogenol, which is a potent nitric oxide donor, is reported to be effective for SDys. However, no reports have been published on whether it ameliorates LUTS.

DESIGN: Open-labeled, randomized study. The effects of two supplements, Nokogiriya EX containing 160 mg saw palmetto (SP) extract per tablet and Edicare containing 10 mg of Pycnogenol, 115 mg of l-arginine and 92 mg of aspartate (PAA) per tablet on International Prostate Symptom Score (IPSS), IPSS-QOL, Overactive Bladder Symptom Score (OABSS), International Index of Erectile Function 5 (IIEF5), Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF), urinary 8-OHdG and uroflowmetry (UFM) of total 40 men with LUTS and SDys were examined.

RESULTS: 19 subjects were instructed to take two tablets of SP, on the other 20 were on four tablets of PAA for 16 weeks. IPSS and IPSS-QOL showed statistically significant improvements in both groups. OABSS and IIEF5 were significantly improved in the PAA group. Conversely, ICIQ-SF, 8-OHdG and UFM did not change in either group.

CONCLUSIONS: PAA might be an effective therapeutic alternative for elderly patients with LUTS and SDys.

Status
In-Data-Review
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Nishio, Kojiro. Department of Urology, Dokkyo Medical University Koshigaya Hospital, Saitama, Japan.
Erectile dysfunction in male dromedary camels: Clinical findings and changes in the nitric oxide metabolite, cardiac troponin I and testosterone concentrations.

Derar D; Ali A; Tharwat M; Al-Sobayil F; Zeitoun MM.
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This study aimed to clarify the phenomenon of erectile dysfunction (ED) in male camels and monitor the associated changes in nitric oxide metabolite (NOM), cardiac troponin I (cTnI), and testosterone concentrations. A total 18 camels with ED and 10 controls were included in this study. The breeding history was recorded and a thorough breeding soundness examination was performed. Total nitrates and nitrites were determined in sera using the Griess assay. Serum cTnI and testosterone were assessed using ELISA. A complete blood count was also carried out. The results showed that 13/18 male camels with ED had no detectable pathologic lesions in the genital tract (ED-N), while 5/18 males showed pathology in the penis, prepuce, and testicles (ED-P). The ED-P group exhibited higher concentrations of NOMs (P = 0.003), white blood cells (P = 0.0001), and neutrophils (P = 0.001) than the ED-N and control groups. The ED-P and ED-N groups had higher concentrations of cTnI than the control group (P = 0.0001). Testosterone concentration did not differ among the groups. In conclusion, the ED in the camels was associated with a rise in cTnI, probably due to myositic damage. Most of the ED cases in the
camels had apparently normal genital organs. In the cases of ED in male camels with detectable pathologic lesions on their genital organs, a rise in NOMs, white blood cells, and neutrophils was observed.

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Status
In-Process

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126.
To Finish the Cut or Not.
Zamilpa I; Patel A; Booth J; Canon S.
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We retrospectively evaluated the management of patients with unrecognized glanular hypospadias and a completed (group 1) or aborted (group 2) neonatal circumcision. The rate and type of subsequent surgeries performed were analyzed. Penile curvature, urinary stream deviation, and their impact on management were evaluated. Surgery was done in 55% of patients-40% of group 1 and 86% of group 2. Completion of the circumcision was done in 63% of group 2. Hypospadias repair was performed in 56% of group 1 and in 34% of group 2. Penile curvature rate did not affect the rate or type of surgery performed. Urinary stream deviation did not affect the rate of repair, but was a significant factor leading to hypospadias repair. We concluded that providers performing neonatal circumcisions do not have to abort the procedure when a glanular hypospadias is noticed. Most patients will require circumcision completion only.

Status
MEDLINE

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2017

127.
Sexual Rehabilitation After Treatment for Prostate Cancer-Part 1: Recommendations From the Fourth International Consultation for Sexual Medicine (ICSM 2015).
Salonia A; Adaikan G; Buvat J; Carrier S; El-Meliegy A; Hatzimouratidis K; McCullough A; Morgentaler A; Torres LO; Khera M.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
INTRODUCTION: Sexual dysfunction is common in patients after radical prostatectomy (RP) for prostate cancer.

AIM: To provide the International Consultation for Sexual Medicine (ICSM) 2015 recommendations concerning prevention and management strategies for post-RP erectile function impairment in terms of preoperative patient characteristics and intraoperative factors that could influence erectile function recovery.

METHODS: A literature search was performed using Google and PubMed databases for English-language original and review articles published up to August 2016.

MAIN OUTCOME MEASURES: Levels of evidence (LEs) and grades of recommendations (GRs) based on a thorough analysis of the literature and committee consensus.

RESULTS: Nine recommendations are provided by the ICSM 2015 committee on sexual rehabilitation after RP. Recommendation 1 states that clinicians should discuss the occurrence of postsurgical erectile dysfunction (temporary or permanent) with every candidate for RP (expert opinion, clinical principle). Recommendation 2 states that validated instruments for assessing erectile function recovery such as the International Index of Erectile Function and Expanded Prostate Cancer Index Composite questionnaires are available to monitor EF recovery after RP (LE = 1, GR = A). Recommendation 3 states there is insufficient evidence that a specific surgical technique (open vs laparoscopic vs robot-assisted radical prostatectomy) promotes better results in postoperative EF recovery (LE = 2, GR = C). Recommendation 4 states that recognized predictors of EF recovery include but are not limited to younger age, preoperative EF, and bilateral nerve-sparing surgery (LE = 2, GR = B). Recommendation 5 states that patients should be informed about key elements of the pathophysiology of postoperative erectile dysfunction, such as nerve injury and cavernous venous leak (expert opinion, clinical principle).


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Executive Functioning of Sexually Compulsive and Non-Sexually Compulsive Men Before and After Watching an Erotic Video.

Messina B; Fuentes D; Tavares H; Abdo CH; Scanavino MT.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Comparative Study. Journal Article]

UI: 28117268
INTRODUCTION: Despite the serious behavioral consequences faced by individuals with sexual compulsivity, related neuropsychological studies are sparse.

AIM: To compare decision making and cognitive flexibility at baseline and after exposure to an erotic video in sexually compulsive participants and non-sexually compulsive controls.

METHODS: The sample consisted of 30 sexually compulsive men and 30 controls. Cognitive flexibility was investigated through the Wisconsin Card Sorting Test and decision making was examined through the Iowa Gambling Task.

MAIN OUTCOME MEASURES: Wisconsin Card Sorting Test categories, correct responses, and perseverative errors and Iowa Gambling Task general trends and blocks.

RESULTS: Sexually compulsive subjects and controls performed similarly at baseline. After watching an erotic video, controls performed better in block 1 of the Iowa Gambling Task (P = .01) and had more correct responses on the Wisconsin Card Sorting Test (P = .01).


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2017
Chronic periodontitis and the risk of erectile dysfunction: a systematic review and meta-analysis.

Liu LH; Li EM; Zhong SL; Li YQ; Yang ZY; Kang R; Zhao SK; Li FT; Wan SP; Zhao ZG.


The objective of this study is to evaluate the association between chronic periodontitis (CP) and the risk of erectile dysfunction (ED). Electronic search using PubMed, Embase and the Cochrane Library was carried out for observational studies, longitudinal, cohort, case-control and epidemiological studies on humans, published up to December 2015. Manual searches were also performed. Odds ratios (ORs) and corresponding 95% confidence intervals (CIs) were used to estimate the association between CP and the risk of ED. Methodological quality assessment was carried out using the Newcastle-Ottawa Quality Assessment Scale. Four case-control studies and one cross-sectional studies involving 213,006 participants were included. Based on the random-effects model, analyses of all studies showed that CP was associated with an increased risk of ED (OR=2.28, 95% CI: 1.50-3.48). There was heterogeneity among the studies (P<0.001, I²=97.8%). Estimates of total effects were generally consistent with the sensitivity and subgroup analyses. In conclusion, our meta-analysis suggested that there was a significant association between CP and the risk of ED. Further epidemiological studies are needed to better estimate the key risk factors for periodontitis and their interaction effects.

Status

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Sexual function in young women with type 1 diabetes: the METRO study.
Maiorino MI; Bellastella G; Castaldo F; Petrizzo M; Giugliano D; Esposito K.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
PURPOSE: The aim of this study was to evaluate the prevalence and risk factors associated with female sexual dysfunction (FSD) in young women with type 1 diabetes treated with different intensive insulin regimens.

METHODS: Type 1 diabetic women aged 18-35 years were included in this study if they had stable couple relationship and no oral contraceptive use. All women were asked to complete the Female Sexual Function Index (FSFI) and other validated multiple-choice questionnaires assessing sexual-related distress (Female Sexual Distress Scale, FSDS), quality of life (SF-36 Health Survey), physical activity (International Physical Activity Questionnaire), depressive symptoms (Zung Self-Rating Depression Scale, SRDS) and diabetes-related problems (Diabetes Integration Scale ATT-19). FSD was diagnosed according to a FSFI score higher than 26.55 and a FSDS score lower than 15.

RESULTS: The overall prevalence of FSD in diabetic and control women was 20 and 15 %, respectively (P = 0.446). Compared with the continuous subcutaneous insulin infusion group and control women, diabetic women on multiple daily injections (MDI) had lower global FSFI score (P = 0.007), FSDS score (P = 0.045) and domains such as arousal (P = 0.006), lubrication and satisfaction scores (P < 0.001 for both). In the multiple regression analysis, only the mental component summary (P = 0.047) and the SRDS score (P = 0.042) were independent predictors of FSFI score in the overall diabetic women.

CONCLUSION: Young women with type 1 diabetes wearing an insulin pump show a prevalence of sexual dysfunction similar to that of healthy age-matched women, but sexual function was significantly impaired in diabetic women on MDI therapy. Depression and the mental health status were independent predictors for FSD in diabetic women.

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An Overview of Diagnosis of Primary Autoimmune Hypophysitis in a Prospective Single-Center Experience.

Chiloiro S; Tartaglione T; Angelini F; Bianchi A; Arena V; Giampietro A; Mormando M; Sciandra M; Laino ME; De Marinis L.

BACKGROUND: Autoimmune hypophysitis is a rare disease with a natural progression that is not well known.

AIM: To collect representative data on clinical features of autoimmune hypophysitis and better characterize the disease.

PATIENTS AND METHODS: A prospective single-center study was designed. Autoimmune hypophysitis-affected patients evaluated from 2011 at our tertiary care Pituitary Unit were enrolled. After ruling out other pituitary masses and secondary causes of hypophysitis, autoimmune hypophysitis was the diagnosis of exclusion. Autoimmune hypophysitis was classified as adenohypophysitis, panhypophysitis, and infundibuloneurohypophysitis according to clinical and neuroradiological findings.

RESULTS: A total of 21 patients met the inclusion criteria: 9 were diagnosed with adenohypophysitis, 4 with panhypophysitis, and 8 with infundibuloneurohypophysitis. The
The frequency of secondary hypoadrenalism was similar in adenohypophysitis, panhypophysitis, and infundibuloneurohypophysitis. Growth hormone deficit and secondary hypogonadism occurred more frequently in infundibuloneurohypophysitis than in adenohypophysitis and panhypophysitis (p = 0.009; p = 0.04). All cases of multiple pituitary secretion deficits occurred in cases of infundibuloneurohypophysitis (p = 0.04). No correlations between hypophysitis subtype and anti-pituitary and anti-hypothalamus autoantibodies were found. A higher frequency of extractable nuclear antigens (ENA) and anti-nuclear antibodies (ANA) was found in cases of panhypophysitis (OR 5.0, 95% CI 0.86-28.8, p < 0.001, and OR 1.8, 95% CI 1.1-3.2, p = 0.02, respectively) as compared to adenohypophysitis and infundibuloneurohypophysitis.

CONCLUSION: Infundibuloneurohypophysitis should be taken into account in the etiological diagnosis of hypopituitarism, particularly if it is associated with diabetes insipidus and in cases of growth hormone deficit, secondary hypogonadism, or multiple hormone deficits. Contrast-enhanced MRI is crucial for the clinical and noninvasive diagnosis of hypophysitis. Screening for autoantibodies, particularly anti-ENA and anti-ANA, is strongly suggested in the clinical context of hypophysitis.

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Effects of two-year testosterone replacement therapy on cognition, emotions and quality of life in young and middle-aged hypogonadal men.
The aim of the study was to examine the effects of two-year testosterone replacement therapy on cognitive functioning, emotional state and quality of life in young and middle-aged men with hypogonadotropic hypogonadism. Nineteen males diagnosed with hypogonadotropic hypogonadism participated in the study. Cognitive functions were assessed by Trail Making Test and Digit Span Test of Wechsler Adult Intelligence Scale. Emotional state was evaluated by Profile of Mood States. Quality of life was evaluated by WHO Brief Quality of Life Questionnaire. Changes after two-year testosterone replacement therapy were detected in Trail Making A (42.9 +/- 22.3 vs. 36.2 +/- 22.5, p = .050) and B (90.6 +/- 55.3 vs. 65.6 +/- 21.4, p = .025) tests, showing improvement in attention and visual scanning abilities, executive function and psychomotor speed, as well as in Digit Span Test forward score (5.4 +/- 2.0 vs. 6.1 +/- 2.6, p = .046), showing improvement in attention capacity and psychomotor speed. No significant differences were observed in emotional state and quality of life. In conclusion, beneficial effect in cognitive functioning (improved attention and visual scanning ability, executive function and psychomotor speed), but not in emotional state and quality of life, was observed in young and middle-aged hypogonadal men after two-year testosterone replacement therapy.

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20160822
Significance of platelet distribution width as a severity marker of erectile dysfunction. Guo LQ; Liu YQ; Sun WD; Yuan MZ; Xiao ZY; Song HB; Zhao ST; Zhang XL; Ge N. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Andrologia. 49(3), 2017 Apr. [Journal Article] UI: 27421248

Mean platelet volume (MPV) and Platelet distribution width (PDW) are potential markers in platelet activation. In present study, we aimed to evaluate MPV and PDW as potential severity markers for those patients who are complaining erectile dysfunction (ED). A total of 358 participants were enrolled in this study. The whole cohort was asked to complete the International Index of Erectile Function-5 (IIEF-5) questionnaire. The participants were classified into 3 groups: control group (n = 120), mild ED (n = 118) and severe ED (n = 120). We found in our cohort MPV and PDW were significantly higher in both mild ED group and severe ED group than control group (9.24 +/- 0.70 and 9.71 +/- 0.80 versus 8.56 +/- 0.62 for MPV; 14.48 +/- 1.29 and 14.98 +/- 1.60 versus 12.86 +/- 1.13 for PDW respectively). The MPV and PDW increased as the disease progressed. In the mild and severe ED groups, a significant inverse correlation was detected between the mean values of IIEF-5 score and PDW. Furthermore, in the receiver operating characteristic curve analysis, the area under the curve of the MPV and PDW to predict severe ED was 0.818 and 0.848 respectively. Our study establishes a dose-dependent association between the PDW and ED. Therefore, the PDW can serve as a potential marker for predicting the severity of ED.

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Status
MEDLINE
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Guo, L Q; Liu, Y Q; Sun, W D; Yuan, M Z; Xiao, Z Y; Song, H B; Zhao, S T; Zhang, X L; Ge, N.
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Erectile dysfunction post-radical prostatectomy - a challenge for both patient and physician.

[Review]

Bratu O; Oprea I; Marcu D; Spinu D; Niculae A; Geavlete B; Mischianu D.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Review]

UI: 28255370

Post-radical prostatectomy erectile dysfunction (post RP ED) is a major postoperative complication with a great impact on the quality of life of the patients. Until present, no proper algorithm or guideline based on the clinical trials has been established for the management of
post RP ED. According to literature, it is better to initiate a penile rehabilitation program as soon as possible after surgery than doing nothing, in order to prevent and limit the postoperative local hypoxigenation and fibrosis. The results of numerous clinical trials regarding the effectiveness of the phosphodiesterase 5 inhibitors therapy on post RP ED have made them the gold standard treatment. Encouraging results have been achieved in studies with vacuum erectile devices, intracavernosal suppositories with alprostadil and intracavernosal injections, but due to their side effects, especially in the cases of intracavernosal injections and intraurethral suppositories, their clinical use was limited therefore making them a second line option for the post RP ED treatment. What should not be forgotten is that penile implant prosthesis has proven very effective, numerous studies confirming high rates of satisfaction for both patients and partners.

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20170303

Year of Publication
2017
The long term outcome of micturition, defecation and sexual function after spinal surgery for cauda equina syndrome.
Korse NS; Veldman AB; Peul WC; Vleggeert-Lankamp CLA.
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[Journal Article]
UI: 28423044

BACKGROUND: Cauda equina syndrome (CES) is a rare neurologic complication of lumbar herniated disc for which emergency surgical decompression should be undertaken. Despite the common belief that the restoration of functions that are affected by CES can take several years postoperatively, follow up seldom exceeds the first year after surgery. Long term outcome of especially micturition, defecation and sexual function—which are by definition affected in CES—are unknown. The aim of this study is to evaluate 1) postoperative long term outcome of micturition, defecation and sexual function in CES patients 2) attitude of patients towards received hospital care with regard to (recovery of) these functions.

METHODS: CES patients were selected by screening the records of all patients operated on lumbar herniated disc in our university hospital between 1995-2010. A questionnaire was sent to the selected CES patients evaluating current complaints of micturition, defecation and sexual function and attitude towards delivered care with focus on micturition, defecation and sexual function.

RESULTS: Thirty-seven of 66 eligible CES patients were included (response rate 71%, inclusion rate 56%). Median time after surgery was 13.8 years (range 5.8-21.8 years). Dysfunction at follow up was highly prevalent: 38% micturition dysfunction, 43% defecation dysfunction and 54% sexual dysfunction. Younger age at presentation was associated with sexual dysfunction at follow up: for every year younger at presentation, odds ratio for sexual dysfunction at follow up was 1.11 (p = 0.035). Other associations with outcome were not identified. Two-third of the CES patients wished their neurosurgeon had given them more prognostic information about micturition, defecation and sexual function.

CONCLUSION: The presented data demonstrate that dysfunction of micturition, defecation and sexual function are still highly prevalent in a large number of CES patients even years
postoperatively. These alarming follow up data probably have a devastating effect on personal perceived quality of life, which should be studied in more detail. CES patients communicate a clear demand for more prognostic information. The presented figures enable clinicians to inform their CES patients more realistically about long term postoperative outcome of micturition, defecation and sexual function after surgical intervention.

Status
MEDLINE

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Year of Publication
2017

136.

Using Procedure Codes to Define Radiation Toxicity in Administrative Data: The Devil is in the Details.

Meyer AM; Kuo TM; Chang Y; Carpenter WR; Chen RC; Sturmer T.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

BACKGROUND: Systematic coding systems are used to define clinically meaningful outcomes when leveraging administrative claims data for research. How and when these codes are applied within a research study can have implications for the study validity and their specificity can vary significantly depending on treatment received.

SUBJECTS: Data are from the Surveillance, Epidemiology, and End Results-Medicare linked dataset.

STUDY DESIGN: We use propensity score methods in a retrospective cohort of prostate cancer patients first examined in a recently published radiation oncology comparative effectiveness study.

RESULTS: With the narrowly defined outcome definition, the toxicity event outcome rate ratio was 0.88 per 100 person-years (95% confidence interval, 0.71-1.08). With the broadly defined outcome, the rate ratio was comparable, with 0.89 per 100 person-years (95% confidence interval, 0.76-1.04), although individual event rates were doubled. Some evidence of surveillance bias was suggested by a higher rate of endoscopic procedures the first year of follow-up in patients who received proton therapy compared with those receiving intensity-modulated radiation treatment (11.15 vs. 8.90, respectively).

CONCLUSIONS: This study demonstrates the risk of introducing bias through subjective application of procedure codes. Careful consideration is required when using procedure codes to define outcomes in administrative data.

Status
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Date Created
20141217

Year of Publication
2017
Outcome in adults with anorectal malformations in relation to modern classification - Which patients do we need to follow beyond childhood?.

Danielson J; Karlbom U; Graf W; Wester T.

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[Journal Article]

UI: 27894765

BACKGROUND/PURPOSE: Knowledge about the functional outcome in adults with anorectal malformations is essential to organize structured transition to adult care for this patient group. The aim of this study was to investigate the functional outcome and quality of life in adults with anorectal malformations characterized according to the Krickenbeck classification.

METHODS: Of 256 patients diagnosed with anorectal malformations at our institution in 1961-1993, 203 patients could be traced and were invited to participate in the study. One hundred and thirty-six patients replied (67%) and were compared with one hundred and thirty-six population-based sex and age-matched controls. Patients and controls were evaluated with both a validated questionnaire as well as a study-specific questionnaire to assess bowel function. SF-36 was used for quality of life. Outcome in nine incontinence-related parameters, 10 constipation-related, 6 urogenital function-related, and 13 quality of life parameters were assessed in the patients and compared to the outcome of controls as well as to the type of anorectal malformations according to the Krickenbeck classification.

RESULTS: The ARM-patients had an inferior outcome (P<0.05) for all incontinence parameters, 8 of 10 parameters for constipation, 2 of 6 for urogenital function and 7 of 13 quality of life parameters. Patients with rectobulbar and vestibular fistulas had the worst statistical outcome but patients with cloaca and rectoprostatic/bladder-neck fistula had worse outcome in absolute numbers. Forty-four patients (32%) reported incontinence of stool at least once a week and 16 (12%) had a permanent colostomy.

CONCLUSIONS: The functional outcome and quality of life in adults with anorectal malformations are closely related to the type of malformation. A large proportion of the patients have persistent fecal incontinence, constipation and sexual problems that have a negative influence on their quality of life. Structured multidisciplinary follow-up of adults with anorectal malformations by pediatric and colorectal surgeons, as well as urologists and gynecologists is therefore advocated.
138.
Dynamics of hormonal disorders following unilateral orchiectomy for a testicular tumor.
Wiechno PJ; Kowalska M; Kucharz J; Sadowska M; Michalski W; Poniatowska G; Jonska-Gmyrek J; Rzymkowska J; Nietupski K; Demkow T.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Medical Oncology. 34(5):84, 2017 May.
[Journal Article]
UI: 28389909
Testicular tumors and their treatment interfere with homeostasis, hormonal status included. The aim of the study was to evaluate hormonal disorders of the pituitary-gonadal axis in men treated for testicular tumors. One hundred twenty-eight men treated for a unilateral testicular tumor at our institution were included. The hormonal status was prospectively evaluated in 62 patients before
orchiectomy, 120 patients 1 month after orchiectomy and 110 patients at least 1 year after the
treatment. The concentrations of human chorionic gonadotropin (hCG), testosterone (T),
estragdiol, luteinizing hormone (LH), follicle-stimulating hormone (FSH) and prolactin were
measured. The clinically significant testosterone deficiency was defined either as testosterone
<2.31 ng/mL or testosterone within the range of 2.31-3.46 ng/mL but simultaneous with T/LH ratio
<1. Changes in hormone levels were significant: LH and FSH rose in the course of observation,
and the concentration of hCG, testosterone, estradiol decreased. PRL concentration was the
lowest at 1 month after orchiectomy. In multivariate analysis, the risk of the clinically significant
testosterone deficiency was 0.2107 (95% CI 0.1206-0.3419) prior to orchiectomy, 0.3894 (95% CI
0.2983-0.4889) 1 month after surgery and 0.4972 (95% CI 0.3951-0.5995) 1 year after the
treatment. The estradiol concentration was elevated in 40% of patients with recently diagnosed
testicular cancer and that was correlated with a higher risk of testosterone deficiency after the
treatment completion. Hormonal disorders of the pituitary-gonadal axis in men treated for
testicular tumors are frequent. The malignant tissue triggers paraneoplastic disorders that
additionally disturb the hormonal equilibrium.

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Proximal occlusion of unaffected internal iliac artery versus distal occlusion of aneurysmatic internal iliac artery prior to EVAR: a comparative evaluation of efficacy and clinical outcome.

Dierks A; Sauer A; Wolfschmidt F; Hassold N; Kellersmann R; Bley TA; Kickuth R.

OBJECTIVE: Occlusion of the internal iliac artery (IIA) may be necessary prior to endovascular aneurysm repair (EVAR) to prevent endoleak Type II. We compared efficacy and clinical outcome after proximal occlusion of an unaffected IIA (ProxEmbx) using an Amplatzer vascular plug (AVP) I vs distal occlusion of aneurysmatic IIA with coils and plugs (DistEmbx).

METHODS: Between 2009 and 2012, 22 patients underwent EVAR. In 9 patients with unaffected IIA, occlusion was performed by a single AVP. In 13 patients with aneurysmatic IIA, more distal embolization (DistEmbx) was conducted by using several coils and additional AVPs. Retrospectively, technical success, clinical outcome and complications were evaluated.

RESULTS: Embolization of the IIA was successful in all patients. Three patients with more DistEmbx of aneurysmatic IIAs suffered from new onset of sexual dysfunction after occlusion without statistically significant difference (p>0.05). Transient buttock claudication was observed in
three patients in each group. Bowel ischaemia did not occur. The procedure time (p=0.013) and fluoroscopy time (p=0.038) was significantly lower in the ProxEmbx group than in the DistEmbx group.

CONCLUSION: Proximal occlusion of an unaffected IIA and more distal occlusion of an aneurysmatic IIA prior to EVAR had the same technical and clinical outcome. However, proximal plug embolization of an unaffected IIA prior to EVAR was associated with shorter procedure and fluoroscopy time in comparison with more DistEmbx of aneurysmatic IIAs. Advances in knowledge: Proximal embolization of unaffected IIA and DistEmbx of aneurysmatic IIA before EVAR are both effective in preventing Type II endoleaks and have the same technical and clinical outcome.

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MEDLINE
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20170303
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2017
Association Between Radiation Therapy, Surgery, or Observation for Localized Prostate Cancer and Patient-Reported Outcomes After 3 Years.

Barocas DA; Alvarez J; Resnick MJ; Koyama T; Hoffman KE; Tyson MD; Conwill R; McCollum D; Cooperberg MR; Goodman M; Greenfield S; Hamilton AS; Hashibe M; Kaplan SH; Paddock LE; Stroup AM; Wu XC; Penson DF.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


UI: 28324093

Importance: Understanding the adverse effects of contemporary approaches to localized prostate cancer treatment could inform shared decision making.

Objective: To compare functional outcomes and adverse effects associated with radical prostatectomy, external beam radiation therapy (EBRT), and active surveillance.

Design, Setting, and Participants: Prospective, population-based, cohort study involving 2550 men (<80 years) diagnosed in 2011-2012 with clinical stage cT1-2, localized prostate cancer, with prostate-specific antigen levels less than 50 ng/mL, and enrolled within 6 months of diagnosis.

Exposures: Treatment with radical prostatectomy, EBRT, or active surveillance was ascertained within 1 year of diagnosis.

Main Outcomes and Measures: Patient-reported function on the 26-item Expanded Prostate Cancer Index Composite (EPIC) 36 months after enrollment. Higher domain scores (range, 0-100) indicate better function. Minimum clinically important difference was defined as 10 to 12 points for sexual function, 6 for urinary incontinence, 5 for urinary irritative symptoms, 5 for bowel function, and 4 for hormonal function.

Results: The cohort included 2550 men (mean age, 63.8 years; 74% white, 55% had intermediate- or high-risk disease), of whom 1523 (59.7%) underwent radical prostatectomy, 598 (23.5%) EBRT, and 429 (16.8%) active surveillance. Men in the EBRT group were older (mean age, 68.1 years vs 61.5 years, P<.001) and had worse baseline sexual function (mean score, 52.3 vs 65.2, P<.001) than men in the radical prostatectomy group. At 3 years, the adjusted mean sexual domain score for radical prostatectomy decreased more than for EBRT (mean difference, -11.9 points; 95% CI, -15.1 to -8.7). The decline in sexual domain scores between EBRT and active surveillance was not clinically significant (-4.3 points; 95% CI, -9.2 to 0.7). Radical prostatectomy was associated with worse urinary incontinence than EBRT (-18.0 points; 95% CI, -20.5 to -15.4) and active surveillance (-12.7 points; 95% CI, -16.0 to -9.3) but was associated
with better urinary irritative symptoms than active surveillance (5.2 points; 95% CI, 3.2 to 7.2). No clinically significant differences for bowel or hormone function were noted beyond 12 months. No differences in health-related quality of life or disease-specific survival (3 deaths) were noted (99.7%-100%).

Conclusions and Relevance: In this cohort of men with localized prostate cancer, radical prostatectomy was associated with a greater decrease in sexual function and urinary incontinence than either EBRT or active surveillance after 3 years and was associated with fewer urinary irritative symptoms than active surveillance; however, no meaningful differences existed in either bowel or hormonal function beyond 12 months or in other domains of health-related quality-of-life measures. These findings may facilitate counseling regarding the comparative harms of contemporary treatments for prostate cancer.

Status

MEDLINE

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Follow-up after rectal cancer: developing and testing a novel patient-led follow-up program. Study protocol.

Hovdenak Jakobsen I; Juul T; Bernstein I; Christensen P; Jensen FS; Johansen C; Lindhardt Larsen S; Laurberg S; Madsen MR; Thorlacius-Ussing O; Vind Thaysen H.


[Journal Article. Multicenter Study. Randomized Controlled Trial]
BACKGROUND: The main treatment for non-metastatic rectal cancer (RC) is surgical resection. Late adverse effects that are highly prevalent and negatively impact patients' symptom burden and quality of life are: bowel-, urological and sexual dysfunctions; psychological distress; fear of recurrence. Patients and clinicians have requested a more patient-centred follow-up, balancing the focus on detection of recurrence, and physiological and psychological late adverse effects. The current follow-up program primarily focuses on detection of recurrence, with less attention on late adverse effects. As a consequence, the randomized controlled trial Follow-up after Rectal Cancer (FURCA) has been launched, testing the effect of a new patient-led, follow-up program. The aim of this paper is to describe the methodology used in the FURCA study and to report results from the development of the patient-led, follow-up program. Adult patients, treated with curative intent for primary adenocarcinoma in the rectum are included from four Danish centers.

MATERIAL AND METHODS: Patients are randomized into an intervention group, receiving standardized education and access to self-referral to an assigned project nurse, or a control group following the current follow-up program with routine medicals. The primary outcomes are symptom burden and quality of life, measured by the Functional Assessment of Cancer Therapy - Colorectal (FACT-C) questionnaire. Other outcome and demographic data are collected as patient-reported measures and register-based data. Results from developing the intervention: The education program is based on data from two focus group interviews and the feedback from experts. An algorithm is developed in order to qualify the research nurses' responses to patients' self-referral. Discussion and perspectives: The results of the FURCA study will strengthen the evidence base for RC follow-up, and qualify the ongoing transformation in cancer follow-up programs.

Status

MEDLINE

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142.
Evaluating the content and quality of information about premature ejaculation on the Internet:
what are men being exposed to ?.
Gul M; Kaynar M.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Andrologia. 49(2), 2017 Mar.
[Journal Article]
UI: 27135776
Premature ejaculation is one of the most common male sexual dysfunctions; however, only a few patients with premature ejaculation are seeking professional help or advice. Internet has become an important source of knowledge, and thus, more patients are looking online for health information. According to our best knowledge, no study has evaluated the content and quality of websites on premature ejaculation. We, therefore, aimed to evaluate the content and quality of
currently available Internet-based information on premature ejaculation. A sample was obtained comprising the 50 top sites retrieved from Google, Bing and Yahoo search engines using the terms 'premature ejaculation'. Each site then was reviewed based on some predefined evaluation criteria to determine the general quality, condition-specific content quality, popularity index and ownership. The websites reviewed were differed highly in terms of quality and ownership. Only a few sites provided comprehensive medical and complete information on premature ejaculation. The online information available is often of uncertain calibre; therefore, men are being exposed to information about premature ejaculation with a highly variable degree quality. This fact should be considered both by health professionals and website owners, and better online resources should be provided for these patients.

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Sex steroids in relation to cardiac structure and function in men. [Review]
De Smet MA; Lapauw B; De Backer T.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Andrologia. 49(2), 2017 Mar.
[Journal Article. Review]
UI: 27135437
The prevalence of testosterone substitution as well as of androgen deprivation therapy in men is increasing. This review aims to summarise available knowledge of the effects of sex steroids on
cardiac structure and function in men. MEDLINE was searched through PubMed. Original studies, systematic reviews and meta-analyses, and relevant citations were screened. A short-term hormonal intervention study in healthy young men with respect to echocardiographic parameters of structure and function was performed. Preclinical research provides sufficient evidence for the heart as a substrate for sex hormones. In animals, administration of oestradiol appears to have beneficial effects on cardiac structure and function, whereas administration of testosterone to noncastrated animals adversely affects cardiac function. However, the effects of sex steroids on cardiac function and structure appear more heterogeneous in human observational studies while comparative, prospective studies in humans are lacking. It is concluded that although effects of testosterone substitution as well as of androgen deprivation on cardiac structure and function can be expected based on pre-clinical research, there exists an important knowledge gap of the effects of hormonal intervention in men. As such, there is a need to address this question in future prospective intervention trials.

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20160502

Year of Publication
2017

144.
Surgical treatment for male prolactinoma: A retrospective study of 184 cases.
Song YJ; Chen MT; Lian W; Xing B; Yao Y; Feng M; Wang RZ.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
A total of 184 cases of surgically treated male prolactinoma were analyzed retrospectively to summarize the outcome of this surgical intervention. We analyzed the general characteristics, clinical manifestations, hormone levels, imaging features, preoperative treatments, surgical outcomes, pathology results, and follow-up records for all included patients. The most common clinical manifestations included sexual dysfunction (47.4%), headache (55.9%), and visual disturbance (46.7%). Serum prolactin levels ranged from 150 to 204,952 ng/mL. Tumor size varied from 6 to 70 mm. Pituitary adenomas grew in a parasellar pattern with visual deficits occurring 40.7% of the time. After surgical therapy, 88.6% of patients achieved symptom relief, and 98.4% experienced an immediate postoperative decline in prolactin level. Fifty-seven patients (31.0%) achieved initial remission, and 26 patients (45.6%) experienced recurrence. Hence, our results suggest that in male prolactinoma characterized by a large pituitary diameter and high serum prolactin level, tumor size predicts the degree of gross resection. The prognostic predictors included preoperative tumor growth pattern and Ki-67 index.

Citation: Yi-jun S, Mei-ting C, Wei L, Bing X, Yong Y, Ming F, Ren-zhi W. (2016) Surgical treatment for male prolactinoma: a retrospective study of 184 cases.

145.
Pharmacodynamics, pharmacokinetics and clinical efficacy of phosphodiesterase-5 inhibitors.

[Review]
Hong JH; Kwon YS; Kim IY.
INTRODUCTION: Phosphodiesterase type 5 inhibitors (PDE5Is) are the first-line drugs in the management of erectile dysfunction (ED). However, over the past two decades tremendous efforts have been made to identify new clinical uses of PDE5Is beyond their roles in ED. Areas covered: Basic science articles, clinical trials, reviews, and meta-analysis published between 1996 and 2015 were searched using MEDLINE (PubMed interface) to collect the most relevant and impactful studies from our perspectives as practicing urologists. This review mainly focuses on the level one evidence-based clinical efficacy and drug-related toxicity of oral PDE5Is. In addition, drug discovery, pharmacokinetics and pharmacodynamics, potential use in other diseases, and future directions are discussed. Expert opinion: On-demand PED5Is for the treatment of ED has shifted toward chronic administration in a broad spectrum of conditions that are thought to be associated with endovascular health. Several studies have shown that PDE5Is may play a cardioprotective or neuroprotective role. Further studies are under way to verify beneficial effects of PDE5I in non-urological conditions.
A review of trazodone use in psychiatric and medical conditions. [Review]
Khouzam HR.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 27744763

Trazodone is an antidepressant that is FDA-approved for the treatment of depression. It has been used by mental health and primary care providers for the treatment of multiple psychiatric and medical conditions. This review describes trazodone mechanism of action, formulation, dosage and adverse effects and then summarizes the beneficial effects of trazodone in the treatment of various psychiatric and medical conditions such as major depression, as well non-approved FDA indications such as insomnia, anxiety disorders, posttraumatic stress disorder, obsessive compulsive disorder, feeding and eating disorders, substance use disorders, behavioral disturbances associated with cognitive dysfunction, sexual dysfunction, certain pain conditions, and rehabilitation after acute ischemic stroke. Despite trazodone's favorable effects in the treatment of FDA-unapproved psychiatric and medical conditions, large, randomized controlled clinical trials are still needed to confirm its efficacy in the treatment of the multiple conditions for which it is often used in clinical practice.
Priapism is a genitourinary emergency that demands a thorough, time-sensitive evaluation. There are 3 types of priapism: ischemic, nonischemic, and recurrent ischemic priapism; ischemic priapism accounts for 95% of cases. Ischemic priapism must be treated within 4 to 6 hours to minimize morbidity, including impotence. The diagnosis of ischemic priapism relies heavily on the history and physical examination and may be facilitated by penile blood gas analysis and penile ultrasound. This issue reviews current evidence regarding emergency department treatment of ischemic priapism using a stepwise approach that begins with aspiration of cavernosal blood, cold saline irrigation, and penile injection with sympathomimetic agents. Evidence-based management and appropriate urologic follow-up of nonischemic and recurrent ischemic priapism maximizes patient outcomes and resource utilization.
Evaluating the content and quality of information about premature ejaculation on the Internet: what are men being exposed to ?.
Gul M; Kaynar M.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Andrologia. 49(2), 2017 Mar.
[Journal Article]
UI: 27135776

Premature ejaculation is one of the most common male sexual dysfunctions; however, only a few patients with premature ejaculation are seeking professional help or advice. Internet has become an important source of knowledge, and thus, more patients are looking online for health information. According to our best knowledge, no study has evaluated the content and quality of websites on premature ejaculation. We, therefore, aimed to evaluate the content and quality of currently available Internet-based information on premature ejaculation. A sample was obtained comprising the 50 top sites retrieved from Google, Bing and Yahoo search engines using the terms 'premature ejaculation'. Each site then was reviewed based on some predefined evaluation criteria to determine the general quality, condition-specific content quality, popularity index and ownership. The websites reviewed were differed highly in terms of quality and ownership. Only a few sites provided comprehensive medical and complete information on premature ejaculation. The online information available is often of uncertain calibre; therefore, men are being exposed to information about premature ejaculation with a highly variable degree quality. This fact should be considered both by health professionals and website owners, and better online resources should be provided for these patients.

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149.
Sex steroids in relation to cardiac structure and function in men. [Review]
De Smet MA; Lapauw B; De Backer T.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Andrologia. 49(2), 2017 Mar.
[Journal Article. Review]
UI: 27135437
The prevalence of testosterone substitution as well as of androgen deprivation therapy in men is increasing. This review aims to summarise available knowledge of the effects of sex steroids on cardiac structure and function in men. MEDLINE was searched through PubMed. Original studies, systematic reviews and meta-analyses, and relevant citations were screened. A short-term hormonal intervention study in healthy young men with respect to echocardiographic parameters of structure and function was performed. Preclinical research provides sufficient evidence for the heart as a substrate for sex hormones. In animals, administration of oestradiol appears to have beneficial effects on cardiac structure and function, whereas administration of testosterone to noncastrated animals adversely affects cardiac function. However, the effects of sex steroids on cardiac function and structure appear more heterogeneous in human observational studies while comparative, prospective studies in humans are lacking. It is concluded that although effects of testosterone substitution as well as of androgen deprivation on cardiac structure and function can be expected based on pre-clinical research, there exists an important knowledge gap of the effects of hormonal intervention in men. As such, there is a need to address this question in future prospective intervention trials.
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Status
MEDLINE
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De Smet, M A J; Lapauw, B; De Backer, T.
Institution
Quality-of-life outcomes in Graves disease patients after total thyroidectomy.
Kus L.H., Hopman W.M., Witterick I.J., Freeman J.L.
Embase
Ear, Nose and Throat Journal. 96 (4-5) (pp E8), 2017. Date of Publication: 2017.
[Article]
AN: 616109501
Historically, research into surgical treatment of Graves disease has assessed subtotal rather than total thyroidectomy. Most clinicians now recommend total thyroidectomy, but little information is available regarding quality-of-life (QOL) outcomes for this procedure. Our aim was to assess QOL after total thyroidectomy. This is a retrospective, pilot study of patients with Graves disease who underwent total thyroidectomy from 1991 to 2007 at a high-volume tertiary referral center in Toronto, Canada. Questionnaires addressing disease-specific symptoms and global QOL concerns were sent to 54 patients. Analyses included parametric and nonparametric tests to assess the differences between perception of symptoms and global QOL before and after surgery. Forty patients responded (response rate: 74%) at a median of 4.8 years postoperatively. On a 10-point scale, overall wellness improved from 4.1 preoperatively to 8.7 postoperatively (p < 0.001). Patients recalled missing less work or school after surgery (7.8 vs. 1.1 days/year; p = 0.001). Overall satisfaction with the procedure was high. On average, symptoms improved within 32 days of surgery, and all symptoms showed substantial improvement. This is the first North American study to assess QOL outcomes of patients with Graves disease after total thyroidectomy. Patients experienced marked and rapid improvement in QOL postoperatively. These findings suggest that total thyroidectomy is a safe and effective treatment.
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Status
151.
Gonadal dysfunction in chronic kidney disease.
Palmer B.F., Clegg D.J.
Embase
Reviews in Endocrine and Metabolic Disorders. 18 (1) (pp 117-130), 2017. Date of Publication: 01 Mar 2017.
[Review]
AN: 611991095
Sexual dysfunction is a common finding in both men and women with chronic kidney failure. Common disturbances include erectile dysfunction in men, menstrual abnormalities in women, and decreased libido and fertility in both sexes. These abnormalities are primarily organic in nature and are related to uremia as well as the other comorbid conditions that frequently occur in the chronic kidney failure patient. Fatigue and psycho social factors related to the presence of a chronic disease are also contributory factors. Disturbances in the hypothalamic-pituitary-gonadal axis can be detected prior to the need for dialysis but continue to worsen once dialytic therapy is initiated. Impaired gonadal function is prominent in uremic men while the disturbances in the hypothalamic-pituitary axis are more subtle. By contrast, central disturbances are more prominent in uremic women. Therapy is initially directed towards optimizing the delivery of dialysis, correcting anemia with recombinant erythropoietin, and controlling the degree of secondary hyperparathyroidism with vitamin D. For many practicing nephrologists sildenafil has become the first line therapy in the treatment of impotence. In the hypogonadal man whose only complaint is
decreased libido, testosterone may be of benefit. Regular gynecologic follow up is required in uremic women to guard against potential complications of unopposed estrogen effect. Uremic women should be advised against pregnancy while on dialysis. Successful transplantation is the most effective means of restoring normal sexual function in both men and women with chronic kidney failure.


Status EMBASE

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Publisher Springer New York LLC (E-mail: barbara.b.bertram@gsk.com)

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Year of Publication 2017

152.
Erectile dysfunction in young men with type 1 diabetes.
Maiorino M.I., Bellastella G., Della Volpe E., Casciano O., Scappaticcio L., Cirillo P., Giugliano D., Esposito K.

Embase


[Article]
AN: 612328253

Erectile dysfunction (ED) is a common comorbidity of diabetes mellitus, but few studies investigated its prevalence in type 1 diabetes. The objective of this study was to evaluate the
prevalence and correlates of ED in young men with type 1 diabetes treated with different intensive insulin regimens. The study population included 151 type 1 diabetic men, aged 18-35 years, and 60 healthy age-matched controls. Ninety-four men were treated with multiple daily injections of insulin (MDI), and the remaining 71 with continuous subcutaneous insulin infusion (CSII). All participants in the study completed the International Index of Erectile function (IIEF-5), and other validated multiple-choice questionnaires assessing quality of life, physical activity, depressive symptoms and diabetes-related problems. The overall prevalence of ED was higher in diabetic men (37%), as compared with controls (6%, P<0.001). ED prevalence rates were similar in both MDI (36%) and CSII (39%) groups (P=0.326); both were higher compared with controls (P<0.001 for both). More than half of diabetic men (58%) had mild ED. Compared with men without ED, diabetic men with ED showed lower weight, body mass index, fasting glucose, insulin dose and high-density lipoprotein cholesterol levels, and higher self-rating depression score (SRDS). In the multiple regression analysis only the SRDS (P=0.032) were independent predictors of IIEF-5 score in the overall diabetic men. Young men with type 1 diabetes treated with MDI or CSII show a higher prevalence of ED, as compared with healthy age-matched men. Depression was associated with ED in diabetic population.

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Introduction Gender dysphoria, a marked incongruence between one's experienced gender and biological sex, is commonly believed to arise from discrepant cerebral and genital sexual differentiation. With the discovery that estrogen receptor beta is associated with female-to-male (FtM) but not with male-to-female (MtF) gender dysphoria, and given estrogen receptor alpha involvement in central nervous system masculinization, it was hypothesized that estrogen receptor alpha, encoded by the ESR1 gene, also might be implicated. Aim To investigate whether ESR1 polymorphisms (TA)n-rs3138774, Pvull-rs2234693, and Xbal-rs9340799 and their haplotypes are associated with gender dysphoria in adults. Methods Molecular analysis was performed in peripheral blood samples from 183 FtM subjects, 184 MtF subjects, and 394 sex- and ethnically-matched controls. Main Outcome Measures Genotype and haplotype analyses of the (TA)n-rs3138774, Pvull-rs2234693, and Xbal-rs9340799 polymorphisms. Results Allele and genotype frequencies for the polymorphism Xbal were statistically significant only in FtM vs control XX subjects (P =.021 and P =.020). In XX individuals, the A/G genotype was associated with a low risk of gender dysphoria (odds ratio [OR] = 0.34; 95% CI = 0.16-0.74; P =.011); in XY individuals, the A/A genotype implied a low risk of gender dysphoria (OR = 0.39; 95% CI = 0.17-0.89; P =.008). Binary logistic regression showed partial effects for all three polymorphisms in FtM but not in MtF subjects. The three polymorphisms were in linkage disequilibrium: a small number of TA repeats was linked to the presence of Pvull and Xbal restriction sites (haplotype S-T-A), and a large number of TA repeats was linked to the absence of these restriction sites (haplotype L-C-G). In XX individuals, the presence of haplotype L-C-G carried a low risk of gender dysphoria (OR = 0.66; 95% CI = 0.44-0.99; P =.046), whereas the presence of haplotype L-C-A carried a high susceptibility to gender dysphoria (OR = 3.96; 95% CI = 1.04-15.02; P = .044). Global haplotype was associated with FtM gender dysphoria (P =.017) but not with MtF gender dysphoria. Conclusions Xbal-rs9340799 is involved in FtM gender dysphoria in adults. Our findings suggest different genetic programs for gender dysphoria in men and women. Cortes-Cortes J, Fernandez R, Teijeiro N, et al. Genotypes and Haplotypes of the Estrogen Receptor
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154.
Effects of paroxetine on intravaginal ejaculatory latency time in Egyptian patients with lifelong premature ejaculation as a function of serotonin transporter polymorphism.
Salem A.M., Kamel I.I., Rashed L.A., Gamalel Din S.F.
Embase
International Journal of Impotence Research. 29 (1) (pp 7-11), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 612433610
Premature ejaculation (PE) is a common ejaculatory complaint. The estimated rates among Turkish men reached 20%, although the severest type of PE (lifelong PE) usually does not exceed 2.3%. This could be seen in line with two survey studies involving five nations. They
revealed that 2.5% of men had an intravaginal ejaculation latency time of <1 min and 6% of <2 min. Rapid ejaculation may be treated pharmacologically with a variety of different medications that act either centrally or locally to delay ejaculation and subsequent orgasm. Antidepressants, particularly members of the selective serotonin reuptake inhibitor class, retard ejaculation significantly. Recently, it was postulated that men with lifelong PE might result from a combination of polymorphisms of the serotonergic transporter and receptors, and other neurotransmitters and/or receptors. Our findings augment the significant effect of paroxetine in delaying ejaculation in the responders (P<0.001). Meanwhile, the findings do not suggest a positive association between such response and serotonin transporter gene promoter polymorphism.


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155.
Erectile Dysfunction in Male Adults With Atopic Dermatitis and Psoriasis.
Egeberg A., Hansen P.R., Gislason G.H., Skov L., Thyssen J.P.
Embase
[Article]
AN: 614127561
Introduction Patients with psoriasis have increased risk of cardiovascular disease, but data on atopic dermatitis (AD) are less clear-cut. However, it is well-established that erectile dysfunction (ED) can serve as a risk marker for coronary disease. Aim To investigate the incidence, prevalence, and risk of ED in men with psoriasis and AD. Methods The sample included all Danish men at least 30 years old. In patients with AD and psoriasis, we determined disease severity based on use of systemic therapy. We performed a cross-sectional study (January 1, 2008) using logistic regression to estimate the prevalence and odds ratio of ED. Moreover, in a cohort study design, patients were followed from January 1, 2008 through December 31, 2012, and Cox regression models were used to estimate adjusted hazard ratios of new-onset ED. Models were adjusted for potential confounding factors, including age, socioeconomic status, health care consumption, smoking, alcohol abuse, diabetes, and cholesterol-lowering drug use. Main Outcome Measures The outcome was initiation of pharmacotherapy used for treatment of ED. Results The sample consisted of 1,756,679 Danish men (age range = 30-100 years), of which 2,373 and 26,536 had adult AD (mild = 1,072; severe = 1,301) and psoriasis (mild = 21,775; severe = 4,761), respectively. Mean ages (SDs) were 53.0 (14.6), 46.7 (12.0), and 56.3 (13.8) years for the general population, patients with AD, and patients with psoriasis, respectively. Prevalences of ED were 8.7%, 6.7%, and 12.8% for the general population, patients with AD, and patients with psoriasis, respectively. Adjusted odds ratios (logistic regression) of ED were decreased in patients with AD (0.68; 0.57-0.80) but increased in those with psoriasis (1.15; 1.11-1.20). Adjusted odds ratios for mild and severe AD were 0.63 (0.48-0.82) and 0.72 (0.58-0.88), respectively, and those for psoriasis these were 1.16 (1.11-1.21) and 1.13 (1.03-1.23). Adjusted hazard ratios (Cox regression) were 0.92 (0.76-1.11) for AD and 1.14 (1.08-1.20) for psoriasis. The ED risk was not increased in men with mild AD (0.85; 0.63-1.14) or severe AD (0.97; 0.76-1.24) but was significantly increased in men with mild psoriasis (1.13; 1.09-1.20) and severe psoriasis (1.17; 1.04-1.32). Conclusion We found an increased prevalence and risk of ED in men with psoriasis, whereas the risk was comparable to (and even slightly lower than) the general population for men with AD. Egeberg A, Hansen PR, Gislason GH, et al. Erectile Dysfunction in Male Adults With Atopic Dermatitis and Psoriasis. J Sex Med 2017;14:380-386.

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PMID

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Influence of ABCB1 polymorphisms and serum concentrations on venlafaxine response in patients with major depressive disorder.

Ozbey G., Celikel F.C., Cumurcu B.E., Kan D., Yucel B., Hasbek E., Percin F., Guzey I.C., Uluoglu C.

Background: The pharmacokinetics and the pharmacodynamics of antidepressants show large inter-individual variations which result in unpredictable clinical responses. Aim: The aim of the study was to examine the effect of ABCB1 polymorphisms and the serum concentrations on the efficacy and tolerability of venlafaxine in patients with major depressive disorder (MDD). Methods: Fifty-two outpatients who met the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) criteria for MDD were recruited for the study. The severity of depression was assessed using the 17-item Hamilton Rating Scale for Depression scale (HDRS17) and tolerability was assessed based on a query regarding side-effects for 6 weeks. The ABCB1 C3435T/A and G2677T/A polymorphisms were genotyped by PCR/RFLP and steady-state serum venlafaxine concentrations were measured by high-performance liquid chromatography. Results: Patients with the TT genotype for the C3435T and the TT/TA genotype for the G2677T/A polymorphism showed significantly higher frequencies in venlafaxine-induced akathisia. This relationship was not observed for efficacy. As regards serum venlafaxine concentrations, patient groups showed no significant differences in efficacy and tolerability. Conclusion: The results
suggest that individuals with the TT-TT/TA genotypes for the C3435T-G2677T/A polymorphisms of ABCB1 may be pre-disposed to a risk of akathisia.

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157.
Diabetic peripheral neuropathy and prevalence of erectile dysfunction in Japanese patients aged <65 years with type 2 diabetes mellitus: The Dogo Study.

Embase
Only limited epidemiological evidence exists regarding the relationship between diabetic neuropathy and erectile dysfunction (ED) among Japanese patients with type 2 diabetes mellitus. To investigate the relationship between diabetic neuropathy and ED among Japanese patients with type 2 diabetes mellitus, a multicenter cross-sectional study was conducted in 287 male Japanese patients with type 2 diabetes mellitus, age (19-65 years). Diabetic neuropathy was diagnosed if the patients showed two or more of the following three characteristics: neuropathic symptoms, decreased or disappeared Achilles tendon reflex and/or abnormal vibration perception. ED, moderate to severe ED, and severe ED were defined as present when a subject had a Sexual Health Inventory for Men score <22, <12 and <8, respectively. The prevalence values of diabetic neuropathy and severe ED were 47.0 and 39.0%, respectively. Diabetic neuropathy was independently positively associated with severe ED, but not ED and moderate ED: The adjusted odds ratio was 1.90 (95% confidence interval: 1.08-3.38). No relationships were found between diabetic retinopathy or diabetic nephropathy and ED. Diabetic neuropathy is positively associated with severe erectile dysfunction among Japanese type 2 diabetes mellitus patients aged <65 years.

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Sexual Rehabilitation After Treatment For Prostate Cancer-Part 2: Recommendations From the Fourth International Consultation for Sexual Medicine (ICSM 2015).

Embase

[Article]
AN: 614681526

Introduction Sexual dysfunction is common in patients after radical prostatectomy (RP) for prostate cancer. Aim: To provide the International Consultation for Sexual Medicine (ICSM) 2015 recommendations concerning management strategies for post-RP erectile function impairment and to analyze post-RP sexual dysfunction other than erectile dysfunction. Methods: A literature search was performed using Google and PubMed database for English-language original and review articles published up to August 2016. Main Outcome Measures: Levels of evidence (LEs) and grades of recommendations (GRs) are provided based on a thorough analysis of the literature and committee consensus. Results: Nine recommendations are provided by the ICSM 2015 committee on sexual rehabilitation after RP. Recommendation 6 states that the recovery of
postoperative erectile function can take several years (LE = 2, GR = C). Recommendation 7 states there are conflicting data as to whether penile rehabilitation with phosphodiesterase type 5 inhibitors improves recovery of spontaneous erections (LE = 1, GR = A). Recommendation 8 states that the data are inadequate to support any specific regimen as optimal for penile rehabilitation (LE = 3, GR = C). Recommendation 9 states that men undergoing RP (any technique) are at risk of sexual changes other than erectile dysfunction, including decreased libido, changes in orgasm, anejaculation, Peyronie-like disease, and changes in penile size (LE = 2, GR = B). Conclusion This article discusses Recommendations 6 to 9 of the ICSM 2015 committee on sexual rehabilitation after RP. Salonia A, Adaikan G, Buvat J, et al. Sexual Rehabilitation After Treatment For Prostate Cancer-Part 2: Recommendations From the Fourth International Consultation for Sexual Medicine (ICSM 2015). J Sex Med 2017;14:297-315.

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Cumulative Adverse Childhood Experiences and Sexual Satisfaction in Sex Therapy Patients: What Role for Symptom Complexity?

Bigras N., Godbout N., Hebert M., Sabourin S.

Embase


[Article]

AN: 614393522

Introduction Patients consulting for sexual difficulties frequently present additional personal or relational disorders and symptoms. This is especially the case when they have experienced cumulative adverse childhood experiences (CACEs), which are associated with symptom complexity. CACEs refer to the extent to which an individual has experienced an accumulation of different types of adverse childhood experiences including sexual, physical, and psychological abuse; neglect; exposure to inter-parental violence; and bullying. However, past studies have not examined how symptom complexity might relate to CACEs and sexual satisfaction and even less so in samples of adults consulting for sex therapy.

Aim To document the presence of CACEs in a sample of individuals consulting for sexual difficulties and its potential association with sexual satisfaction through the development of symptom complexity operationalized through well-established clinically significant indicators of individual and relationship distress.

Methods Men and women (n = 307) aged 18 years and older consulting for sexual difficulties completed a set of questionnaires during their initial assessment. Main Outcome Measures (i) Global Measure of Sexual Satisfaction Scale, (ii) Dyadic Adjustment Scale-4, (iii) Experiences in Close Relationships-12, (iv) Beck Depression Inventory-13, (v) Trauma Symptom Inventory-2, and (vi) Psychiatric Symptom Inventory-14. Results Results showed that 58.1% of women and 51.9% of men reported at least four forms of childhood adversity. The average number of CACEs was 4.10 (SD = 2.23) in women and 3.71 (SD = 2.08) in men. Structural equation modeling showed that CACEs contribute directly and indirectly to sexual satisfaction in adults consulting for sex therapy through clinically significant individual and relational symptom complexities.

Conclusion The findings underscore the relevance of addressing clinically significant psychological and relational symptoms that can stem from CACEs when treating sexual difficulties in adults seeking sex therapy.

Bigras N, Godbout N, Hebert M, Sabourin S. Cumulative Adverse Childhood

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160.
Sexual health and quality of life are impaired in hidradenitis suppurativa: a multicentre cross-sectional study.
Janse I.C., Deckers I.E., van der Maten A.D., Evers A.W.M., Boer J., van der Zee H.H., Prens E.P., Horvath B.

Embase
British Journal of Dermatology. 176 (4) (pp 1042-1047), 2017. Date of Publication: April 2017. [Article]
AN: 614564871

Background: Hidradenitis suppurativa (HS) has a major impact on patients’ quality of life (QoL). Although it has commonly been assumed that HS impairs sexual health, only a single case-control study has been performed on sexual functioning in a small group of patients with HS.

Objectives: To investigate the QoL with a particular focus on sexual health in a substantial population of patients with HS.

Methods: In total 916 patients with HS received an invitation to participate in this multicentre cross-sectional survey.

Results: Three hundred patients completed
the questionnaires. This study showed a diminished QoL and sexual health in patients with HS (Female Sexual Function Index: 21.6 +/- 9.6, International Index of Erectile Function: 49.7 +/- 20.7, Arizona Sexual Experience Scale: 16.7 +/- 5.3, Dermatology Life Quality Index: 12.5 +/- 7.5). Sexual health was associated with QoL in women but not in men. Female sex and late onset of HS were associated with poor sexual function. Impairment of QoL was associated with anogenital involvement, early onset of HS, disease severity and disease activity. Conclusions: HS is associated with impaired sexual health and QoL. Physicians should not hesitate to ask patients with HS about their sexual function and, when needed, offer them psychological support.

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161.
Urinary symptoms and sexual dysfunction among Italian men: The results of the #Controllati survey.
Mirone V., Carone R., Carrieri G., Costantini E., Morgia G., Ludovico G.M., Villari D., Parazzini F.
Embase
Archivio Italiano di Urologia e Andrologia. 89 (1) (pp 75-80), 2017. Date of Publication: 2017.
[Article]
AN: 616229839
Objective: Prevention may improve the quality of life and sexual and reproductive health. To improve prevention require a comprehensive research approach that examines the frequency and risk factors for urologic conditions. In June 2016 the Italian Urologic Society coordinated a preventive initiative: the 1st Week of Male Urologic Prevention "#Controllati".

Material and methods: During the 1st Week of Male Urologic Prevention "#Controllati", men aged 18 years or more were invited to attend participating urologic centers for a free of charge visit for counseling about urologic or andrologic conditions. Each participating man underwent a physical examination. Further he was asked about his a medical history and about his urologic symptoms, sexual activity and possible related problems. Results: Data were collected in 81 centers: 2380 men answered the questionnaire. A total of 1226 subjects participating in the study reported one or more urinary symptom [51.5% (IC 95% 48.9%-54.5%)]. The risk of any urinary symptoms increased with age: in comparison with men aged < = 30 years or less the risk of any urinary symptoms was 2.31, 2.92, 5.12, 7.82 and 17.02 respectively in the class age 31-40, 41-50, 51-60, 61-70 and > = 71. Overweight/obese men were at increased risk of any urinary symptoms [OR1.35 (95% CI 1.12-1.64)]. 27.2% (IC 95% overall 25.2% -29.3%) of the subjects had at least a sexual disorder (erectile dysfunction, premature ejaculation, hypoactive sexual desire). The erectile dysfunction and hypoactive sexual desire increased with age, but premature ejaculation tended to be higher among younger aged men aged 40 years or more. Current any urinary symptoms [OR 1.85 (CI 1.40-2.43)], hypertension [OR 1.66 (95% CI 1.21-2.26) and diabetes (OR 2.37 (95% CI 1.45-3.88)] increased the risk of erectile dysfunction. Conclusions: This large survey gives a picture of the burden of the more frequent urologic conditions offering useful information in order to focus preventive campaign.

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(Ludovico) Struttura Complessa Urologia, Ospedale M builtin, Acquaviva delle Fonti, Italy
Objective: The aim of this study was to investigate the platelet activity in patients with vasculogenic erectile dysfunction (ED). Materials and methods: The total blood count, including hemoglobin (Hgb), white blood cell (WBC), red blood cell (RBC), platelet (PLT) and mean platelet volume (MPV) parameters were measured in the patient (n = 70) and control groups (n = 50).

Results: The average age was 48.1 +/- 11.7 and 47.6 +/- 12.3 in the patient and control groups (p = 0.8217), respectively. MPV was higher in the patient group and there was a statistically significant difference between two groups (11.27 +/- 0.56 and 9.8 +/- 0.91, p < 0.0001). PLT counts were lower in the patient group but there was not a statistically significant difference (196.23 +/- 37.01 and 209.07 +/- 36.71, p = 0.0626). In terms of haemoglobin, WBC and RBC values, there was no difference in the patient and control groups. Conclusions: Finding high MPV, which reflects the platelet activity, in the patient group shows that platelets also have a role in the VED etiopathogenesis. In the case of the confirmation of this result with additional studies, the efficiency of anti-platelet therapy in the vasculogenic ED should also be researched.
Influence of secondary diagnoses in the development of urinary incontinence after radical prostatectomy.


Embase
Archivio Italiano di Urologia e Andrologia. 89 (1) (pp 34-38), 2017. Date of Publication: 2017.
[Article]
AN: 616229803

Objective: To study whether there are factors related to secondary diagnoses (SDg) present in patients with prostate cancer that influence the development of urinary incontinence after radical prostatectomy (RP). Materials and methods: A retrospective multicenter observational study was performed reviewing the medical records of 430 men who underwent RP due to organ-confined prostate cancer in 9 different hospitals. Two study groups were distinguished: Group A (GA): Patients without urinary incontinence after RP; Group B (GB): patients with any degree of postsurgical urinary incontinence. Results: Average age at surgery was 63.42 years (range 45-73). 258 patients were continent after surgery and 172 patients complaint of any degree of incontinence after RP. A higher percentage of healthy patients was found in group A (continent after surgery) than in group B (p = 0.001). The most common SDg prior to surgery were hypertension, lower urinary tract symptoms, dyslipidemia, diabetes mellitus and erectile dysfunction, but none did show a greater trend towards post-surgical incontinence. Conclusions:
A better health status prior to surgery is associated to a lower incidence of new-onset urinary incontinence after radical prostatectomy. However, no correlation was found between the most common medical disorders and the development of post-surgical urinary incontinence.
Assessment of the latent adverse events of antipsychotic treatment using a subjective questionnaire in Japanese patients with schizophrenia.
Embase
[Article]
AN: 616226091
Objective: The adverse effects of antipsychotic agents can have a marked influence on medication adherence. In this study, we investigated the adverse events of antipsychotics that are less likely to be reported by patients and the reasons why such symptoms remain latent.
Methods: Data were collected by interviewing patients using a subjective questionnaire, and the associations between unreported symptoms and background factors were investigated. Results: A total of 306 patients with schizophrenia or schizoaffective disorder were examined. Their major symptoms were daytime sleepiness (50.0%), weight gain (42.2%), and sexual dysfunction (38.9%). Sexual dysfunction was nominal significantly more common among the patients that had been treated with antipsychotic agent polypharmacy (odds ratio [OR], 2.14; 95% confidence interval [CI], 1.07 to 4.30), and was nominal significantly more common among outpatients (OR, 1.78; 95% CI, 1.02 to 3.13). Only approximately 30% of the patients had reported their symptoms to their physicians. Conclusion: Patients receiving antipsychotic treatment tolerate some symptoms and do not feel able to report them to their physicians. The most common reason for this is an insufficient patient-physician relationship. Sexual dysfunction is especially hard to identify because it is a delicate problem, and our findings demonstrate that subjective questionnaires are helpful for detecting such symptoms.
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Is there a common motor dysregulation in sleepwalking and REM sleep behaviour disorder?.
Haridi M., Weyn Banningh S., Cle M., Leu-Semenescu S., Vidailhet M., Arnulf I.
Embase
[Article In Press]
AN: 616233084
This study sought to determine if there is any overlap between the two major non-rapid eye movement and rapid eye movement parasomnias, i.e. sleepwalking/sleep terrors and rapid eye movement sleep behaviour disorder. We assessed adult patients with sleepwalking/sleep terrors using rapid eye movement sleep behaviour disorder screening questionnaires and determined if they had enhanced muscle tone during rapid eye movement sleep. Conversely, we assessed rapid eye movement sleep behaviour disorder patients using the Paris Arousal Disorders Severity Scale and determined if they had more N3 awakenings. The 251 participants included 64 patients with rapid eye movement sleep behaviour disorder (29 with idiopathic rapid eye movement sleep behaviour disorder and 35 with rapid eye movement sleep behaviour disorder associated with Parkinson's disease), 62 patients with sleepwalking/sleep terrors, 66 old healthy controls (age-matched with the rapid eye movement sleep behaviour disorder group) and 59 young healthy controls (age-matched with the sleepwalking/sleep terrors group). They completed the rapid eye movement sleep behaviour disorder screening questionnaire, rapid eye movement sleep behaviour disorder single question and Paris Arousal Disorders Severity Scale. In addition, all the participants underwent a video-polysomnography. The sleepwalking/sleep terrors patients scored positive on rapid eye movement sleep behaviour disorder scales and had a higher percentage of 'any' phasic rapid eye movement sleep without atonia when compared with controls; however, these patients did not have higher tonic rapid eye movement sleep without atonia or complex behaviours during rapid eye movement sleep. Patients with rapid eye movement sleep behaviour
disorder had moderately elevated scores on the Paris Arousal Disorders Severity Scale but did not exhibit more N3 arousals (suggestive of non-rapid eye movement parasomnia) than the control group. These results indicate that dream-enacting behaviours (assessed by rapid eye movement sleep behaviour disorder screening questionnaires) are commonly reported by sleepwalking/sleep terrors patients, thus decreasing the questionnaire's specificity. Furthermore, sleepwalking/sleep terrors patients have excessive twitching during rapid eye movement sleep, which may result either from a higher dreaming activity in rapid eye movement sleep or from a more generalised non-rapid eye movement/rapid eye movement motor dyscontrol during sleep.

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Physiological and psychological effects of testosterone during severe energy deficit and recovery: A study protocol for a randomized, placebo-controlled trial for Optimizing Performance for Soldiers (OPS).


Embase
Background The physiological consequences of severe energy deficit include hypogonadism and the loss of fat-free mass. Prolonged energy deficit also impacts physical performance, mood, attentiveness, and decision-making capabilities. This study will determine whether maintaining a eugonadal state during severe, sustained energy deficit attenuates physiological decrements and maintains mental performance. This study will also assess the effects of normalizing testosterone levels during severe energy deficit and recovery on gut health and appetite regulation. Methods Fifty physically active men will participate in a 3-phase, randomized, placebo-controlled study. After completing a 14-d, energy-adequate, diet acclimation phase (protein: 1.6 g . kg^-1 . d^-1; fat: 30% total energy intake), participants will be randomized to undergo a 28-d, 55% energy deficit phase with (DEF + TEST: 200 mg testosterone enanthate per week) or without (DEF) exogenous testosterone. Diet and physical activity will be rigorously controlled. Recovery from the energy deficit (ad libitum diet, no testosterone) will be assessed until body mass has been recovered within +/- 2.5% of initial body mass. Body composition, stable isotope methodologies, proteomics, muscle biopsies, whole-room calorimetry, molecular biology, activity/sleep monitoring, personality and cognitive function assessments, functional MRI, and comprehensive biochemistries will be used to assess physiological and psychological responses to energy restriction and recovery feeding while volunteers are in an expected hypogonadal versus eugonadal state. Discussion The Optimizing Performance for Soldiers (OPS) study aims to determine whether preventing hypogonadism will mitigate declines in physical and mental function that typically occur during prolonged energy deficit, and the efficacy of testosterone replacement on recovery from severe underfeeding. Trial Registration: NCT02734238.

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Distinguishing Failure to Cure From Complication After Penile Prosthesis Implantation.

Pineda M., Burnett A.L.

Embase


[Article]

AN: 615266451

Background A successful penile prosthesis implantation (PPI) surgery can be defined by outcomes beyond the absence of complications. Aim To introduce the concept of failure to cure (FTC) in the context of PPI to more accurately gauge postoperative outcomes after PPI. Methods Consecutive patients from our sexual function registry who underwent PPI from January 2011 to December 2013 were analyzed. Demographics, previous treatment of erectile dysfunction, comorbidities, social history, postoperative problems (POPs), and surgical outcomes were tabulated. Patients completed the International Index of Erection Function (IIEF) and the Erectile Dysfunction Inventory of Treatment Satisfaction questionnaires. We defined a complication, according to the Clavien-Dindo classification, as any deviation from the ideal postoperative course that is not inherent in the procedure and does not constitute an FTC. FTC was defined as a POP that was not a complication. The chi² tests, t-tests, or Wilcoxon rank-sum tests were used. Outcomes Patient-reported and objective outcomes after PPI. Results Our enrollment consisted of 185 patients, and we contacted 124 (67%). Of these, 16 (12.9%) had a POP requiring reoperation. Eight patients developed surgical complications (three infections, four erosions, and one chronic pain). Eight patients had FTC (four malpositions and four malfunctions). Factors that correlated with POPs were previous PPI, body mass index higher than 30 kg/m², and previous...
treatment with intracorporal injections (P < .05 for all comparisons). Patients who had POPs scored significantly lower on the IIEF erectile function and intercourse satisfaction domains (P < .05 for the two comparisons), but not on the orgasmic function, sexual desire, and overall satisfaction domains (P > .05 for all comparisons). Clinical Implications POPs after PPI surgery can be more accurately categorized using the Clavien-Dindo classification of surgical complications to more clearly distinguish surgical complications from FTC. Strengths and Limitations Limitations of our study include its retrospective approach. Our series included a large proportion of patients treated for prostate cancer, which limits the generalizability of our findings. We also had a relatively short median follow-up time of 27 months. Conclusions Patient-reported outcome assessments can vary greatly from what physicians determine to be successful PPI. An assessment of POPs encompasses more than just complication rates; it also reflects FTC. Even when POPs occur, patients can still derive satisfaction if they are correctly managed. Factors that possibly predispose to POPs include previous PPI surgery, body mass index greater than 30 kg/m2, and history of intracorporal injections. Pineda M, Burnett AL. Distinguishing Failure to Cure From Complication After Penile Prosthesis Implantation. J Sex Med 2017;14:731-737. Copyright © 2017 International Society for Sexual Medicine
We sought to establish the interplay of metabolic syndrome (MetS) and/or sexual dysfunction (SD) on hypogonadism. Sexual functioning was assessed using Golombok Rust Inventory of Sexual Satisfaction in 274 consecutive diabetic men visiting the diabetic clinic of the Tema General Hospital between November 2010 and March 2011. MetS was assessed employing the criteria of World Health Organization, International Diabetic Federation and the National Cholesterol Education Program Adult Treatment Panel III while testosterone levels were estimated. The mean ages and duration of diabetes from this study were 59.9+/−11.3 and 6.8+/−5.9 years, respectively. The prevalence of hypogonadism was 7.3%, with the-SD/+MetS subjects showing the highest prevalence of hypogonadism, irrespective of the criteria used. Additionally, subjects with MetS and its components had a significantly lower level of testosterone compared with those without MetS and its components. Using standard nine-point scale, it was observed that subjects who avoided sexual act had significantly (P=0.0410) lower testosterone values (5.8+/−2.3 ng ml−1) than subjects who did not avoid sexual act (6.4+/−2.6 ng ml−1). MetS alone impacted more on hypogonadism than SD alone or both conditions altogether.

Association of urinary nerve growth factor levels with erectile function in young men with type 2 diabetes mellitus.

Embase
International Journal of Impotence Research. 29 (3) (pp 101-104), 2017. Date of Publication: 01 May 2017.
[Article]
AN: 614361670

We investigated urine nerve growth factor (NGF) levels and erectile dysfunction in diabetic men <45 years of age. Urinary NGF levels were measured in 72 diabetic men and 20 control subjects without lower urinary tract symptoms or erectile dysfunction. Participants were evaluated using the International Prostate Symptom Score, quality of life index, Overactive Bladder Symptom Score (OABSS), the five-item version of the International Index of Erectile Function questionnaire (IIEF-5), the patient perception of bladder condition questionnaire, measurement of flow rate and post-void residual urine volume. The results showed that the diabetic men had significantly higher urinary normalized NGF/creatinine (Cr) levels compared to the healthy controls (0.48+/−1.2 vs 0.01+/−0.01, P=0.04). The increased urinary NGF/Cr levels correlated negatively with the IIEF-5 total score (P=0.03, coefficient=−0.26,-0.02 to-0.47). The 42 patients with urinary NGF/Cr levels <0.05 had higher IIEF-5 scores than the 30 patients with urinary NGF/Cr level >0.05 (20.2+/−4.6 vs 16.9+/−6.7, P=0.03). We conclude that urinary NGF levels were associated with erectile dysfunction in the men with type 2 <45 years of age.


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EMBASE

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Bolat D., Kocabas G.U., Gunlusoy B., Aydogdu O., Aydin M.E.

Embase
International Journal of Impotence Research. 29 (3) (pp 105-109), 2017. Date of Publication: 01 May 2017.

[Article]
AN: 614361090

The aim of this study was to investigate the relationship between metabolic syndrome (MetS) and acquired premature ejaculation (PE). A total of 100 patients with acquired PE and 100 control cases were enrolled in the study. After obtaining a detailed medical history, anthropometric (weight, height and waist circumference) and blood pressure measurements were performed. Ejaculation and erection functions were evaluated by Premature Ejaculation Diagnostic Tool (PEDT) and International Index of Erectile Function-5 (IIEF-5), respectively. Self-estimated intravaginal ejaculatory latency time (IELT) of the participants was recorded. Fasting blood samples were taken for biochemical and hormonal work-up. The median PEDT scores were 16 (9-22) and 4.5 (2-8) in acquired PE and control groups, respectively (P<0.001). The mean estimated IELT values in PE patients and controls were 36.1+/−46.5 versus 488.2+/−313.8 s (P<0.001). MetS was diagnosed in 51 patients (51%) in the PE group and 24 (24%) participants in the control group (P<0.001). A significant negative correlation was observed between the components of MetS and estimated IELT, except for diastolic blood pressure. Moreover, there was a significant positive correlation between the all components of MetS and total PEDT score, except for fasting blood glucose and high-density lipoprotein cholesterol (HDL) levels. Logistic
regression analysis revealed that, except blood pressure and HDL levels, MetS components were significant risk factors for PE after adjusting for age and total testosterone. In conclusion, MetS is associated with acquired PE.


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Publisher
Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)
Date Created
20170518
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2017

171.
A clinically neglected topic: Risk of suicide in transgender individuals.
Yuksel S., Aslantas Ertekin B., Ozturk M., Bikmaz P.S., Oglagu Z.
Embase
Noropsikiyatri Arsivi. 54 (1) (pp 28-32), 2017. Date of Publication: March 2017.
[Article]
AN: 616040799
Introduction: The aim of this study was to determine whether adolescence of transgender individuals is characterized by a high risk of suicide. Methods: In total, 141 participants with transgenderism were questioned using a semi-structured interview to determine whether participants had current suicidal thoughts, had a lifetime history of such thoughts, or had attempted suicide. These findings were cross-referenced to the participants' sociodemographic characteristics, and information about their families' general attitudes toward sexuality, gender identity, and commitment to religious views. In total, 101 participants attended group psychotherapy sessions for at least a year. In these sessions, family and partner relationships, occupational problems, financial problems, medical issues, and religious concerns were
discussed. Results: The incidence of suicide attempts, current suicidal thoughts, and lifetime suicidal thoughts were 29.8%, 9.2%, and 55.3%, respectively. In total, 76.7% of the suicide attempts occurred before the age of 21. Conclusion: Transsexual individuals present a high risk of suicide, particularly during adolescence. This finding may be considered a sign for taking action to prevent suicide when working with transgender individuals, particularly during adolescence.

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Evaluation of arterial stiffness and cardiac function in patients with vascular erectile dysfunction: Acute effects of phosphodiesterase-5 inhibitor tadalafil.

Oztabakoglu O., Gullulu S., Sag S., Senturk T., Kilicarslan H., Tutuncu A., Kecebas M., Baran I., Aydinlar A.

Embase

International Journal of Impotence Research. 29 (3) (pp 96-100), 2017. Date of Publication: 01 May 2017.

[Article]

AN: 613592655
This study aimed to detect endothelial dysfunction in erectile dysfunction (ED) patients free from cardiovascular diseases or atherosclerotic risk factors and to evaluate acute effects of phosphodiesterase-5 inhibitor tadalafil on endothelial dysfunction and cardiac function. Thirty ED patients and 20 healthy male subjects (mean ages: 48.7+/−11.7 and 48.3+/−8.7 years, respectively) were enrolled. Endothelium functions were assessed by applanation tonometry. Aortic stiffness and cardiac function were evaluated by transthoracic echocardiography. Pulse pressure was greater in the ED group (P<0.05), whereas aortic strain and aortic distensibility were significantly lower (P<0.001). Treatment with tadalafil reduced pulse pressure (P=0.0179), systolic blood pressure (P=0.001) and diastolic blood pressure (P=0.054) and increased aortic distensibility (P=0.001) and aortic strain (P=0.003) in the ED group. Tadalafil administration also increased large artery and small artery elasticity indices that were reduced in the ED group at baseline (P=0.02 and 0.003, respectively). Systemic vascular disease and compromised left ventricular diastolic function (LVDF) were present in ED patients with no known atherosclerotic risk factors and cardiac diseases. Tadalafil positively affected arterial stiffness and LVDF.


Sexual dysfunction in Tunisian patients living with HIV. <Les dysfonctions sexuelles chez les patients tunisiens vivant avec le VIH.>
Bouhlel S., Derbel C.H., Nakhli J., Bellazreg F., Ben Meriem H., Omezzine A., Ben Hadj Ali B.
Embase
Sexologies. 26 (2) (pp 96-102), 2017. Date of Publication: April 2017.

[Article]

AN: 613587746

Introduction Infection with HIV remains a major global health priority. It is a source of physical and psychological pain as well as relational difficulties and deterioration of sexual health. The objectives of our study were to assess the different sexual dysfunctions of Tunisian patients living with HIV and to look for a link between these dysfunctions and socio- and demographic characteristics, the course of infection, the presence of depression and the quality of self-esteem.

Patients and methods A descriptive and comparative cross-sectional study was conducted about 74 Tunisian patients suffering from HIV infection. We have used a semi-structured interview and three scales: the Rosenberg scale to determine the quality of self-esteem, the Hamilton scale for the assessment of depression, the International Index of Erectile Function (IIEF-15) for men and the Female Sexual Function Index (FSFI) to assess sexual function in women. Results For men, we noticed a severe erectile dysfunction in 33.3% of cases, a severe disorder of the orgasm in the same percentage and a slight to severe disorder of desire in 85.7% of cases. The severity of male sexual dysfunction was related to depression and alcohol consumption. Majority of women (n = 19; 59.4%) had total sexual abstinence since the announcement of the HIV infection. Only the geographical origin and the low level of education influenced significantly female sexual function. Depression had no effect on sexual function of these female patients. Conclusion Sexual lives of Tunisians living with HIV are worsened. Collaboration between infectious disease doctors and sex therapists is necessary to improve the quality of sexual life of these patients.

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Sexual dysfunction in Tunisian patients living with HIV.
Bouhlel S., Derbel C.H., Nakhli J., Bellazreg F., Ben Meriem H., Omezzine A., Ben Hadj Ali B.

Embase
Sexologies. 26 (2) (pp e11-e16), 2017. Date of Publication: April 2017.
[Article]
AN: 613738486

Introduction Infection with HIV remains a major global health priority. It is a source of physical and psychological pain as well as relational difficulties and deterioration of sexual health. The objectives of our study were to assess the different sexual dysfunctions of Tunisian patients living with HIV and to look for a link between these dysfunctions and socio- and demographic characteristics, the course of infection, the presence of depression and the quality of self-esteem.

Patients and methods A descriptive and comparative cross-sectional study was conducted about 74 Tunisian patients suffering from HIV infection. We have used a semi-structured interview and three scales: the Rosenberg scale to determine the quality of self-esteem, the Hamilton scale for the assessment of depression, the International Index of Erectile Function (IIEF-15) for men and the female Sexual Function Index (FSFI) to assess sexual function in women.

Results For men, we noticed a severe erectile dysfunction in 33.3% of cases, a severe disorder of the orgasm in the same percentage and a slight to severe disorder of desire in 85.7% of cases. The severity of male sexual dysfunction was related to depression and alcohol consumption. Majority of women (n = 19; 59.4%) had total sexual abstinence since the announcement of the HIV infection. Only the geographical origin and the low level of education influenced significantly female sexual function. Depression had no effect on sexual function of these female patients.

Conclusion Sexual lives of Tunisians living with HIV are worsened. Collaboration between infectious disease doctors and sex therapists is necessary to improve the quality of sexual life of these patients.

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Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)
Background Unmyelinated low-threshold mechanoreceptors—the so-called C-tactile (CT) afferents—play a crucial role in the perception and conduction of caressing and pleasant touch sensations and significantly contribute to the concept of erotic touch perception. Aim To investigate the relations between sexual desire and sexual performance and the perception of touch mediated by CT afferents. Methods Seventy healthy participants (28 men, 42 women; mean age +/- SD = 24.84 +/- 4.08 years, range = 18-36 years) underwent standardized and highly controlled stroking stimulation that varied in the amount of CT fiber stimulation by changing stroking velocity (CT optimal = 1, 3 and 10 cm/s; CT suboptimal = 0.1, 0.3, and 30 cm/s). Participants rated the perceived pleasantness, eroticism, and intensity of the applied tactile stimulation on a visual analog scale, completed the Sexual Desire Inventory, and answered questions about sexual performance. Outcomes Ratings of perceived eroticism of touch were related to self-report levels of sexual desire and sexual performance. Results Pleasantness and eroticism ratings showed similar dependence on stroking velocity that aligned with the activity of CT afferents. Erotic touch perception was related to sexual desire and sexual performance in a gender-specific way. In women, differences in eroticism ratings between CT optimal and suboptimal velocities correlated positively with desire for sexual interaction. In contrast, in men, this difference correlated to a decreased frequency and longer duration of partnered sexual activities. Clinical Implications The present results lay the foundation for future research assessing these relations in patients with specific impairments of sexual functioning (e.g., hypoactive sexual desire disorder). Strengths and Limitations The strength of the study is the
combination of standardized neurophysiologic methods and behavioral data. A clear limitation of the study design is the exclusion of exact data on the female menstrual cycle and the recruitment of an inhomogeneous sample concerning sexual orientation. Conclusion The present results provide further evidence that unmyelinated CT afferents play a role in the complex mechanism of erotic touch perception. The ability to differentiate between CT optimal and suboptimal stimuli relates to sexual desire and performance in a gender-specific way. Bendas J, Georgiadis JR, Ritschel G. C-Tactile Mediated Erotic Touch Perception Relates to Sexual Desire and Performance in a Gender-Specific Way. J Sex Med 2017;14:645-653.

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2017

176.
Validation of the Italian version of the Laval questionnaire: Health-related quality of life in subjects with obesity.

Embase
Background: Obesity is associated to increased risk of metabolic comorbidity as well as increased mortality. Notably, obesity is also associated to the impairment of the psychological status and of quality of life. Only three questionnaires are available in the Italian language evaluating the health-related quality of life in subjects with obesity. The aim of the present study was to test the validity and reliability of the Italian version of the Laval Questionnaire. Methods: The original French version was translated into Italian and back-translated by a French native speaker. 273 subjects with obesity (Body Mass Index > 30 kg/m2) were enrolled; the Italian version of the Laval Questionnaire and the O.R.Well-97 questionnaire were administered in order to assess health-related quality of life. The Laval questionnaire consists of 44 items distributed in 6 domains (symptoms, activity/mobility, personal hygiene/clothing, emotions, social interaction, sexual life). Disability and overall psychopathology levels were assessed through the TSD-OC test (SIO test for obesity correlated disabilities) and the SCL-90 (Symptom Checklist-90) questionnaire, respectively. To verify the validity of the Italian version, the analysis of internal consistency, test-retest reliability, and construct validity were performed. Results: The observed proportion of agreement concordance of results was 50.2% with Cohen's K = 0.336 (CI 95%: 0.267-0.404), indicating a fair agreement between the two tests. Test-retest correlation was statistically significant (rho = 0.82; p < 0.01); validity (standardized Chronbach's alpha) was considered reliable (alpha > 0.70). The analysis of construct validity showed a statistically significant association in terms of both total score (rho = -0.66) and scores at each single domain (p < 0.01). A high correlation (p < 0.01) was observed between Laval questionnaire total and single domain scores and other related measures (Body Mass Index, TSD-OC scores, SCL-90 global severity index), revealing a high construct validity of the test. Conclusions: The Italian version of the Laval Questionnaire is a valid and reliable measure to assess the health-related quality of life in subjects with obesity.

Copyright © 2017 The Author(s).
Effects of testosterone replacement therapy on metabolic syndrome among Japanese hypogonadal men: A subanalysis of a prospective randomised controlled trial (EARTH study). Shigehara K., Konaka H., Nohara T., Izumi K., Kitagawa Y., Kadono Y., Iwamoto T., Koh E., Mizokami A., Namiki M. Embase Andrologia. (no pagination), 2017. Date of Publication: 2017. [Article In Press] AN: 616204553 We investigated the effects of testosterone replacement therapy (TRT) on metabolic factors among hypogonadal men with a metabolic syndrome. From the study population of the EARTH study, which was a randomised controlled study in Japan, 65 hypogonadal patients with a metabolic syndrome, comprising the TRT group (n = 32) and controls (n = 33), were included in this study analysis. The TRT group was administered 250mg of testosterone enanthate as an intramuscular injection every 4 weeks for 12 months. Waist circumference, body mass index, body fat volume and blood pressure were measured in all patients at baseline and at 12 months. In addition, blood biochemical data, including total cholesterol, triglyceride (TG), HDL cholesterol, fasting plasma glucose (FPG) and haemoglobin A1c (HbA1c) levels, were also evaluated. Changes in these categories from baseline to 12 months were compared between the TRT and control groups, with significant differences observed in waist circumference, body fat percentage, FPG, TG and HbA1c levels. No significant differences were observed in other parameters. TRT for 1 year was associated with improvements in some metabolic factors among Japanese men with hypogonadism and metabolic syndrome.
The objective of this study was to evaluate the gain in final height of achondroplasia (ACH) patients with long-term growth hormone (GH) treatment. We analyzed medical data of 22 adult patients (8 males and 14 females) treated with GH at a dose of 0.05 mg/kg/day. Optionally, tibial lengthening (TL) was performed with the Ilizalov method in 15 patients and TL as well as femoral lengthening (FL) in 6 patients. Concomitant gonadal suppression therapy with buserelin acetate was applied in 13 patients. The mean treatment periods with GH were 10.7 +/- 4.0 and 9.3 +/- 2.5 years for males and females, respectively. GH treatment augmented the final height +0.60 +/- 0.52 SD (+3.5 cm) and +0.51 +/- 1.29 SD (+2.8 cm) in males and females compared to non-
treated ACH patients, respectively. Final height of ACH patients that underwent GH and TL increased +1.72 +/- 0.72 SD (+10.0 cm) and +1.95 +/- 1.34 SD (+9.8 cm) in males and females, respectively. GH, TL, and FL increased their final height +2.97 SD (+17.2 cm) and +3.41 +/- 1.63 SD (+17.3 cm) in males and females, respectively. Gonadal suppression therapy had no impact on final height. Conclusions: Long-term GH treatment contributes to 2.6 and 2.1% of final adult height in male and female ACH patients, respectively.

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Springer Verlag (E-mail: service@springer.de)

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20170518

Year of Publication
2017

179.
Understanding alterations on blood and biochemical parameters in athletes that use dietary supplements, steroids and illicit drugs.
Bordin D.M., Bettim B.B., Perdona G.C., de Campos E.G., De Martinis B.S.

Embase
Toxicology. 376 (pp 75-82), 2017. Date of Publication: 01 Feb 2017.
[Article]
AN: 613820127

In recent years it was verified there are an alarming growing number of teenagers and young adults using a combination of dietary supplements (DS) anabolic androgenic steroids (AAS) and drugs of abuse. This practice is used to improve physical fitness and appearance, may cause
serious side effects. This article shows the alterations in the hematological and renal function parameters associate with these substances in 40 athletes. This research involved three steps: 1-the administration of a self-completion questionnaire; 2-the assessment of hematological and biochemical parameters of renal function and; 3-toxicological urinalysis. Hematological and biochemical tests were conducted in an accredited laboratory and the toxicological urinalysis was validated in our laboratory using liquid-liquid extraction (LLE) and gas chromatography-mass spectrometry (GC-MS). The testosterone levels in the participants who consumed steroids increased 20-60% and alterations in serum creatinine, urea and uric reached values of up to 1.9; 60.6 and 7.5 mg/dL, respectively. The toxicological urinalysis supports self-reports confirming the use of AAS and recreational drugs, putting at risk the health of those athletes increasing the chances of kidney diseases.

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Publisher
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20170120

Year of Publication
2017

180.

Psychosexual development and satisfaction in long-term survivors of childhood cancer:
Neurotoxic treatment intensity as a risk indicator.
BACKGROUND: Risk factors for impairment in psychosexual development and satisfaction among adult survivors of childhood cancer are poorly understood. The authors compared psychosexual outcomes between survivors and healthy controls, and tested whether at-risk survivors can be identified by 1) treatment neurotoxicity or 2) diagnosis. METHODS: A total of 144 young adult survivors of childhood cancer and 144 matched controls completed questionnaires regarding psychosexual development, sexual satisfaction, and satisfaction with relationship status. Survivors were aged 20 to 40 years and were 5 to 34 years after diagnosis. Using medical chart data, survivors were divided into non-neurotoxic (48 survivors), low-dose (36 survivors), and high-dose (58 survivors) neurotoxic treatment groups. RESULTS: Apart from having fewer lifetime sex partners, survivors did not appear to differ from controls. However, survivors of brain tumors and any survivor who received high-dose neurotoxic treatment reported the lowest rates of achieving milestones of psychosexual development, whereas sexual and relationship status satisfaction were found to be related to relationship status. Neurotoxic treatment intensity further distinguished between survivors of brain tumors with and without psychosexual impairment. CONCLUSIONS: The intensity of neurotoxic treatment may be a valuable indicator of risk for psychosexual impairment relative to diagnosis alone. Health care providers should assess romantic/sexual problems among survivors at risk and make referrals if needed. Cancer 2017;123:1869-1876. © 2017 American Cancer Society.

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Embase
[Article]
AN: 613978057
BACKGROUND: There is significant need for quality follow-up care to optimize long-term outcomes for the growing population of lower gastrointestinal (GI) cancer survivors. Patient-reported outcomes (PROs) provide valuable information regarding late and long-term effects (LLTEs). METHODS: A convenience sample from 1129 colon, rectal, and anal cancer survivors (n = 792; 218, and 119, respectively) who participated in an Internet-based survivorship care plan (SCP) tool between May 2010 and October 2014 was used to examine patient-reported demographics, treatment, and toxicity data. Responses from a follow-up survey were reviewed. RESULTS: The median age of diagnosis was 51 years, and 81% of survivors were Caucasian. The most commonly reported LLTEs for all survivors were neuropathy, fatigue, cognitive changes, changes in GI function, urogenital and sexual dysfunction, and dermatologic effects. The prevalence of these effects varied with time since diagnosis, treatment modality, and treatment center. Individuals who had survived anal cancer reported a high prevalence of sexual dysfunction and radiation-induced dermatologic effects. Over 87% of users reported satisfaction levels of good to excellent using the SCP tool, and 69% reported that they intend to share the SCP with their health care team. CONCLUSIONS: For lower GI cancer survivors, it is feasible to obtain PROs from an Internet-based survivorship tool. Survivors report a wide spectrum of LLTEs, and these can be used to inform counseling at the time of diagnosis and to help anticipate and respond to disease-related and treatment-related sequelae during follow-up. The authors are among the first to report on PROs in anal cancer survivors. Further investigation on the impact of SCPs on health care communication and use is needed. Cancer 2017;123:1860-1868. © 2017 American Cancer Society.
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Penile venous stripping surgery is a viable option for erectile dysfunction after unsuccessful vascular interventions.

Hsieh C.-H., Chen C.-W., Huang H.-M., Johnson H., Teng R.-J., Hsu G.-L.

[Article]
AN: 616170279
To study whether penile venous stripping can improve erectile function after unsuccessful prior vascular interventions. Methods: This study is a retrospective review of the 49 consecutive patients that sought our assistance between 1999 and 2016 after receiving unsatisfactory vascular interventions elsewhere. Patients were evaluated by the abridged 5-item version of the International Index of Erectile Function (IIEF-5) and pharmaco-cavernosography. After the evaluation, the 36 patients without cardiovascular problems underwent a salvaging penile venous stripping and while the 13 remaining patients did not undergo the procedure. A circumferential incision was first made to strip the erection-related veins with 6-0 nylon sutures. A median longitudinal pubic incision was used to complete the stripping proximally until the infrapubic angle was reached. Finally, the wound was closed with 5-0 chromic sutures. Results: The follow-up
period ranged between 1.0 and 16.5 years. Patients reported adequate and acceptable penile morphology postoperatively. Though there was no significant difference in IIEF-5 scores between the two groups preoperatively (n=13, 7.3 +/- 1.9 vs. n=36, 7.6 +/- 2.3, p=0.11), there was a statistically significant difference between treatment (n=36, 7.6 +/- 2.1 vs. 17.4 +/- 4.1, p<0.001) and control groups (n=13, 5.9 +/- 1.8 vs. n=29, 18.7 +/- 3.4, p<0.001). Postoperative cavernosograms confirmed that the paired corpora cavernosa are an ideal chamber for intracorporeal fluid retention in all patients, particularly, the penile crura displayed a stronger radiopaque than that of femoral cortex. Furthermore, we identified certain unexpected complications, such as embolization coils lodged in the cardiopulmonary avenues and electrocautery-induced fibrosis from prior interventions. Conclusions: Penile venous stripping appears to be a viable option for those who have undergone unsatisfactory prior vascular interventions for erectile dysfunction.

Status
INPROCESS

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2017

183.

Embase
[Article In Press]
AN: 616179806

Aims/Introduction: To date, there is no evidence regarding the association between physical activity (PA) and erectile dysfunction (ED) among Japanese patients with type 2 diabetes mellitus. We investigated this issue among Japanese patients with type 2 diabetes mellitus.

Materials and Methods: Study participants were 460 male Japanese patients with type 2 diabetes mellitus. The definitions of exercise habit, walking habit and fast walking were based on a self-administered questionnaire regarding PA behavior. Participants were classified into one of four PA levels based on the number of ‘Yes’ answers to the three questions in the questionnaire: (i) lowest; (ii) lower; (iii) moderate; and (iv) higher. Severe ED and moderate-to-severe ED were based on Sexual Health Inventory for Men score <8 and <12, respectively. Results: The prevalence of moderate-to-severe ED, severe ED, exercise habit, walking habit, and fast walking was 64.6, 51.1, 36.3, 41.3 and 37.6%, respectively. Walking habit was independently inversely associated with moderate-to-severe ED and severe ED. Exercise habit was independently inversely associated with severe ED, but not moderate-to-severe ED. Higher PA was independently inversely associated with moderate-to-severe ED and severe ED (adjusted odds ratio 0.42, 95% confidence interval 0.21-0.85; and adjusted odds ratio 0.38, 95% CI: 0.19-0.73, respectively). There was a statistically significant inverse exposure-response relationship between the PA level and moderate-to-severe ED and severe ED (P for trend = 0.02 and 0.005), respectively. Conclusions: PA might be inversely associated with ED in Japanese patients with type 2 diabetes mellitus.

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Comparison of the clinical efficacy and safety of the on-demand use of paroxetine, dapoxetine, sildenafil and combined dapoxetine with sildenafil in treatment of patients with premature ejaculation: A randomised placebo-controlled clinical trial.

Abu El-Hamd M., Abdelhamed A.

Embase
[Article In Press]
AN: 616177218

The aim of the study was to compare the clinical efficacy and safety of the on-demand use of paroxetine, dapoxetine, sildenafil and combined dapoxetine with sildenafil in treatment of patients with premature ejaculation (PE). In a single-blind placebo-controlled clinical study, 150 PE patients without erectile dysfunction (ED) were included during the period of March 2015 to May 2016. Patients were randomly divided into five groups (30 patients each). On demand placebo, paroxetine (30 mg), dapoxetine (30 mg), sildenafil citrate (50 mg) and combined dapoxetine (30 mg) with sildenafil citrate (50 mg) were given for patients for 6 weeks in each group respectively. All patients were instructed to record intravaginal ejaculatory latency time (IELT) and evaluated
with Premature Ejaculation Diagnostic Tool (PEDT) and the patient satisfaction score before and after treatment. The mean of IELT, satisfaction score and PEDT in all groups was significantly improved after treatment (p value = .001). Combined dapoxetine with sildenafil group had the best values of IELT, satisfaction scores and PEDT in comparison with other treatment groups (p value <.001). The combined dapoxetine with sildenafil therapy could significantly improve PE patients without ED as compared to paroxetine alone or dapoxetine alone or sildenafil alone with tolerated adverse effects.

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185.
The prevalence of an excessive prepuce and the effects of distal circumcision on premature ejaculation.
Gallo L.
Embase
Arab Journal of Urology. 15 (2) (pp 140-147), 2017. Date of Publication: June 2017.
[Article]
AN: 615261624

Objective To investigate the prevalence of an excessive prepuce in patients with premature ejaculation (PE) and to evaluate the effectiveness of distal circumcision in reducing the penile hypersensitivity, which is thought to be a cause of PE. Patients and methods Men were considered to have an excessive prepuce if the foreskin exceeded the external urethral meatus by >1 cm in the flaccid state. The diagnosis of PE was based on the Premature Ejaculation
Diagnostic Tool (PEDT) questionnaire score and on the intravaginal ejaculatory latency time (IELT). These features were evaluated at baseline and at 6 months after circumcision. Results Lifelong PE was diagnosed in 352 patients of whom 208 (59.1%) had an excessive prepuce. We offered those with an excessive prepuce a circumcision, as a potential definitive treatment for their PE, and 27 (13%) men accepted. At 6 months after circumcision, there was an increase in the mean (SD) IELT from 40.4 (16.5) to 254 (66.8) s (P < 0.001) and the mean (SD) PEDT score decreased from 17 (2) to 6.6 (1.9) (P < 0.001). Overall, 26 of the 27 (96%) patients that had a circumcision reported an IELT increase. Conclusions An excessive prepuce is very common in patients affected by PE. Although accepted by only 13% of our patients, distal circumcision was shown to be a very effective surgical treatment for definitive treatment of PE. We therefore recommend assessing patients complaining of lifelong PE for an excessive prepuce and if they have an excessive prepuce to suggest that they undergo distal circumcision.

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Status
INPROCESS

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Arab Association of Urology (E-mail: araburo@yahoo.com)

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2017

186.
Relation between blood vitamin B12 levels with premature ejaculation: case-control study.
Kadihasanoglu M., Kilciler M., Kilciler G., Yucetas U., Erkan E., Karabay E., Toktas M.G., Kendirci M.

Embase
Andrologia. 49 (5) (no pagination), 2017. Article Number: e12657. Date of Publication: June 2017.
[Article]
AN: 613218360
The aim of this study was to investigate whether vitamin B12 levels are associated with premature ejaculation (PE). A total of 109 subjects (56 PE and 53 controls) were included in this study. PE was defined as self-reported intravaginal ejaculatory latency time (IELT) based on the Diagnostic and Statistical Manual of Mental Disorders IV criteria and those who had had an IELT of <2 min was considered as PE. All participants were evaluated using premature ejaculation diagnostic tool (PEDT), International Index of Erectile Function (IIEF) and Beck Depression Inventory (BDI). The vitamin 12 levels were measured in all subjects. The mean age between the PE and controls was comparable (p =.084). Mean IIEF and BDI scores between the two groups did not statistically differ. The mean IELT values in the PE group were significantly lower than in the control group (p <.0001). PE patients reported significantly lower vitamin B12 levels compared with the controls (213.14 vs. 265.89 ng ml-1; p <.001). The ROC analysis showed a significant correlation between the diagnosis of PE and lower vitamin B12 levels. This study has demonstrated that lower vitamin B12 levels are associated with the presence of PE. This work also shows a strong correlation between vitamin B12 levels and the PEDT scores as well as the IELT values.

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2017
Association between periodontal disease and polycystic ovary syndrome: A systematic review. 

Embase
International Journal of Impotence Research. 29 (3) (pp 89-95), 2017. Date of Publication: 01 May 2017.

[Review]

AN: 614736066

The purpose of the present study was to review systematically the association between periodontal diseases (PDs) and polycystic ovary syndrome (PCOS). To address the focused question, "Is there a relationship between PD and PCOS?" indexed databases were searched up to October 2016 without time or language restrictions using different combinations of the following key words: PCOS, ovarian cysts, PD, periodontitis, gingival diseases and gingivitis. Letters to the Editor, commentaries, historic reviews, case-report, unpublished articles and animal/experimental studies were excluded. Seven case-control studies were included. The number of study participants ranged between 52 and 196 females aged between 15 and 45 years. In three and three studies, proinflammatory cytokines were assessed in gingival crevicular fluid and saliva samples, respectively. In one study, salivary microbes were investigated. All studies reported that a positive association exists between PD and PCOS. In conclusion, there is a positive association between PD and PCOS; however, further well-designed longitudinal controlled clinical trials are needed in this regard. It is recommended that physicians should refer patients with PCOS to oral health-care providers for comprehensive oral evaluation and treatment.


Status

INPROCESS

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Impact of the FSHB gene -211G/T polymorphism on male gonadal function.

Tamburino L., La Vignera S., Tomaselli V., Condorelli R.A., Mongioi L.M., Calogero A.E.

Purpose: The FSHB gene -211G/T polymorphism has been reported to modulate gene expression and to cause inter-individual differences in FSH serum levels in men. This study was undertaken to assess the functional relevance of this polymorphism on gonadotropin and total testosterone serum levels and sperm parameters in men from Eastern Sicily (Italy). Methods: To accomplish this, 200 men with abnormal conventional sperm parameters or normozoospermia (according to the parameters of WHO 2010) were genotyped by TaqMan Assay. Results: The frequency of FSHB -211 T allele was significantly higher (p < 0.005) in patients with altered conventional sperm parameters (18.9% of chromosomes) compared to that observed in men with normozoospermia (10.9% of chromosomes). Decreasing serum levels of FSH and LH were observed across the three FSHB -211 genotype subgroups (p < 0.001 and p < 0.05, respectively). In addition, the FSHB -211G/T polymorphism showed a total testosterone downward trend that became more evident in men with the TT genotype compared to subjects with the GG genotype (p = 0.05). Furthermore, we found a trend towards decreased sperm concentration, total sperm count, sperm forward motility and testicular volume in men with GT
and TT genotypes. Conclusions: These findings showed that the FSHB -211 G/T polymorphism modulates male gonadal function with a clear influence on hormonal levels and sperm parameters. Capsule: The present study was undertaken to evaluate the distribution of the FSHB -211 G/T in men with normal or abnormal sperm parameters from Southern Italy to assess its functional relevance on the serum levels of reproductive hormones and on sperm parameters in men.


189.
Should psoriasis be considered a risk factor for hypogonadism in male patients? A monocentric, prospective, observational pilot study.

Hillary T., Gutermuth J.

Embase

[Letter]
AN: 613007192

Status
INPROCESS

Institution
Convective Thermal Therapy: Durable 2-Year Results of Randomized Controlled and Prospective Crossover Studies for Treatment of Lower Urinary Tract Symptoms Due to Benign Prostatic Hyperplasia.


Embase
Journal of Urology. 197 (6) (pp 1507-1516), 2017. Date of Publication: June 2017.

Purpose
We report 2-year outcomes of a multicenter randomized controlled trial plus 1-year results of a crossover trial after treatment with convective radiofrequency water vapor thermal energy for lower urinary tract symptoms due to benign prostatic hyperplasia. Materials and Methods
A total of 197 men at least 50 years old with I-PSS (International Prostate Symptom Score) 13 or greater, maximum flow rate 15 ml per second or less and prostate size 30 to 80 cc were randomized 2:1 to thermal therapy with the Rezum System or a control group. Rigid cystoscopy with simulated active treatment sounds served as the control procedure. After unblinding at 3 months control subjects could requalify for crossover study. Convectively delivered radiofrequency thermal energy was delivered into obstructive prostate tissue, including the median lobe as needed. The primary efficacy end point was a change in severity of symptom scores. Results
Convective radiofrequency thermal therapy improved urinary symptoms significantly over controls at 3 months and provided a sustained 51% reduction from baseline at 24 months (p <0.0001). This produced a 5 and 8-point or greater score decrease in 84% and...
74% of subjects, respectively, at 24 months. Crossover subject symptoms, flow rate and quality of life measures were markedly improved after thermal therapy compared to after the control procedure (p = 0.024 to <0.0001). No de novo erectile dysfunction was reported. Conclusions: Convective radiofrequency water vapor thermal therapy is a minimally invasive office or outpatient procedure that provides early effective symptom relief that remains durable for 2 years and is applicable to the median lobe.

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INPROCESS

Institution
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191.
Fertility and sexual function: A gap in training in pediatric endocrinology.
Nahata L., Ziniel S.I., Garvey K.C., Yu R.N., Cohen L.E.

Embase
[Article]
AN: 614114147

Infertility and sexual dysfunction result from many different pediatric conditions and treatments and can profoundly impact quality of life. The American Academy of Pediatrics (AAP) has recommended consulting "fertility specialists" for counseling, but it remains unclear who these specialists are. Our objective was to assess whether pediatric subspecialists who manage hypogonadism and/or genitourinary conditions feel adequately trained to provide fertility and
sexual function counseling. An online survey was distributed to members of Pediatric Endocrine Society (PES), Society for Pediatric Urology (SPU), and North American Society for Pediatric and Adolescent Gynecology (NASPAG). Providers’ comfort in counseling various age groups about fertility and sexual function was assessed via a five-point Likert scale. Providers reported whether they felt adequately trained in these areas. Two hundred and eighty-four surveys were completed by endocrinologists, 124 surveys by urologists, and 41 surveys by gynecologists. Respondents (44% male, 86% Caucasian) represented 39 states and Canada. Seventy-nine percent were at academic centers. Thirty-four percent of providers had been practicing for >20 years. Comfort level was variable and lowest in young males. Ninety-one percent of pediatric endocrinologists reported routinely seeing patients at risk for infertility, but only 36% felt adequately trained in fertility, and 25% felt adequately trained in sexual function. Infertility and sexual dysfunction are often overlooked in pediatric care. Our results suggest that pediatric endocrinologists, who frequently manage male and female hypogonadism, should also receive formal training in these areas. Optimizing counseling would help prevent missed opportunities for fertility preservation and alleviate distress among patients and families.


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2017
Possible sexually dimorphic role of miRNA and other sncRNA in ASD brain.

Schumann C.M., Sharp F.R., Ander B.P., Stamova B.


[Article]
AN: 614434864

Background: Autism spectrum disorder (ASD) is sexually dimorphic in brain structure, genetics, and behaviors. In studies of brain tissue, the age of the population is clearly a factor in interpreting study outcome, yet sex is rarely considered. To begin to address this issue, we extend our previously published microarray analyses to examine expression of small noncoding RNAs (sncRNAs), including microRNAs (miRNAs), in ASD and in the control temporal cortex in males and females. Predicted miRNA targets were identified as well as the pathways they overpopulate. Findings: After considering age, sexual dimorphism in ASD sncRNA expression persists in the temporal cortex and in the patterning that distinguishes regions. Among the sexually dimorphic miRNAs are miR-219 and miR-338, which promote oligodendrocyte differentiation, miR-125, implicated in neuronal differentiation, and miR-488, implicated in anxiety. Putative miRNA targets are significantly over-represented in immune and nervous system pathways in both sexes, consistent with previous mRNA studies. Even for common pathways, the specific target mRNAs are often sexually dimorphic. For example, both male and female target genes significantly populate the Axonal Guidance Signaling pathway, yet less than a third of the targets are common to both sexes. Conclusions: Our findings of sexual dimorphism in sncRNA levels underscore the importance of considering sex, in addition to age, when interpreting molecular findings on ASD brain.

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Hypothalamic-Pituitary-Gonadal Axis in Aging Men and Women: Increasing Total Testosterone in Aging Men.

Embase
Neuroendocrinology. 104 (3) (pp 291-301), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 610371702

Background: Aging is associated with variations in hypothalamic-pituitary-gonadal (HPG) axis hormones. However, it is not clear how aging changes these hormones. This study examined the natural alterations in the HPG axis in aging men and women in China. Methods: Data were obtained from our cross-sectional study (SPECT-China) in 16 areas of three provinces in East China between February and June 2014. There were 6,825 subjects selected, including 2,908 men and 3,917 women aged 25-93 years who had no diseases affecting HPG hormones and did not take exogenous supplements. Total testosterone (TT), estradiol (E2), free testosterone, sex hormone-binding globulin (SHBG), follicle-stimulating hormone (FSH) and luteinizing hormone (LH) were measured. Results: In men, the ranges of the 10-90th percentiles for each hormone were as follows: TT, 9.9-23.4 nmol/l; SHBG, 20.6-79.54 nmol/l; E2, 34.84-187 pmol/l. TT values were higher in men aged 25-30 years than in those aged 31-35 years and began to increase progressively at the age of 41-50 years until men reached their eighties. The unadjusted annual age trend (beta) was 0.079 nmol/l/year (p < 0.001). A linear regression analysis, after full adjustment for demographic variables, metabolic factors, other hormones, lifestyle and co-morbidities, showed that higher TT levels were still associated with aging (p < 0.05). However,
the ratio of TT to LH decreased with age (beta = -0.272/year, p < 0.001). E2 and SHBG increased with age (beta = 1.774 pmol/l/year and 1.118 nmol/l/year, respectively, p < 0.001). In women, the 10-90th percentile range of E2 was 32.79-565.8 pmol/l. E2 began to decrease at the age of 46-50 years, declined sharply at the age of 51-55 years (beta = -5.73 pmol/l/year, p < 0.001) and then stabilized at a low concentration after the age of 55 years. The 10-90th percentile ranges of LH and FSH in men were 2.4-9.2 and 3.4-15.5 IU/l, and in women they were 3-36.6 and 4-89.28 IU/l, respectively. FSH increased by 7.11% per annum in men and by 12.76% per annum in women, but LH increased by only approximately 4.00% per annum in both sexes. Conclusions: The influence of aging on the HPG axis is sex dependent. The pattern of age-related TT was different in Chinese Han men when compared with previous studies in Western populations. TT values increased in aging men, so it is not suitable to estimate the life quality of older Chinese men just based on TT.

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20170408
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2017
Neurologic Complications in Children with Scorpionism: A Retrospective Study in Upper Egypt.

Embase
[Article]
AN: 615980251

Scorpion envenomation is a life-threatening health problem in tropical and subtropical regions, particularly among children. The aim of this study was to describe the epidemiologic characteristics, clinical profile, and prognosis of neurologic complications among children with scorpionism in Upper Egypt. In this retrospective study, the neurologic complications of scorpionism in 2 university hospitals were analyzed from the points of epidemiologic and clinical picture and outcomes. The neurologic manifestations were found at a high percentage (85%). Irritability was the main manifestation (83.4%), followed by sweating (81.5%), hyperthermia (33.6%), and priapism (48.2% of males). Moreover, convulsion and coma were found in 14.7% and 11% of children, respectively. Neurologic manifestations were common in children with scorpionism and they correlated with poor outcome. Identification of epidemiologic and clinical features of central nervous system complications of scorpionism in children provide important data, helping in development of management policies aiming at preventive control of scorpionism and decrease its mortality.

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Pituitary function within the first year after traumatic brain injury or subarachnoid haemorrhage.

Tolli A., Borg J., Bellander B.-M., Johansson F., Hoybye C.

Embase


[Article]

AN: 614248661

Purpose: Reports on long-term variations in pituitary function after traumatic brain injury (TBI) and subarachnoid haemorrhage (SAH) diverge. The aim of the current study was to evaluate the prevalence and changes in pituitary function during the first year after moderate and severe TBI and SAH and to explore the relation between pituitary function and injury variables. Methods: Adults with moderate and severe TBI or SAH were evaluated at 10 days, 3, 6 and 12 months post-injury/illness. Demographic, clinical, radiological, laboratory, including hormonal data were collected. Results: A total of 91 adults, 56 (15 women/41 men) with TBI and 35 (27 women/8 men) with SAH were included. Perturbations in pituitary function were frequent early after the event but declined during the first year of follow-up. The most frequent deficiency was hypogonadotrope hypogonadism which was seen in approximately 25 % of the patients. Most of the variations were transient and without clinical significance. At 12 months, two patients were on replacement with hydrocortisone, four men on testosterone and one man on replacement with growth hormone. No relations were seen between hormonal levels and injury variables. Conclusions: Perturbations in pituitary function continue to occur during the first year after TBI and SAH, but only a few patients need replacement therapy. Our study could not identify a
marker of increased risk of pituitary dysfunction that could guide routine screening. However, data
demonstrate the need for systematic follow-up of pituitary function after moderate or severe TBI
or SAH.

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196.
Symptomatic treatment in multiple sclerosis-interim analysis of a nationwide registry.
Skierlo S., Rommer P.S., Zettl U.K.

Embase
Acta Neurologica Scandinavica. 135 (4) (pp 394-399), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 613123862

Objective: To analyze symptomatic treatment in patients with multiple sclerosis (MS).
Background: Multiple sclerosis is a chronic inflammatory disease of the central nervous system,
with accumulating disability symptoms like spasticity, voiding disorders, depression, and pain might occur. Material and methods: The nationwide German MS registry was initiated 2001 under guidance of the German MS society (Deutsche MS Gesellschaft). This study was performed as an interim analysis to lay foundation for future work on this topic. A subcohort of 5113 patients was assessed for this interim analysis. The mean age of the patients was 45.3 years; mean EDSS was 4.2. More than two-third of the enrolled patients were females (70.9%). Results: Most frequent symptoms were fatigue (60%), followed by spasticity (52.5%) and voiding disorders (51.7%). The likelihood of treatment was highest for epileptic disorders (68.8%), spasticity (68.5%), pain (60.7%), and depression (58.9%). Multivariate regression analysis showed that retirement was the strongest factor predictive for antispastic treatment (beta=.061, P=.005). Conclusion: Almost all patients in this analysis suffer from symptoms due to advanced MS. Treatment for the various symptoms differed tremendously. The likelihood of treatment correlated with the availability of effective therapeutic agents. Clinicians should put more awareness on MS symptoms. Symptomatic treatment may improve quality of life.

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Publisher Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
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Year of Publication 2017

197.
Glue mesh fixation: Feasibility, tolerance and complication assessment. Results 24 months after laparoscopic sacrocolpopexy.
Panel P., Soffray F., Roussillon E., Devins C., Brouzyne M., Abramowicz S.
Aim This study aims to assess short- and mid-term feasibility, strength and tolerance of glue mesh fixation for laparoscopic sacrocolpopexy, as well as postoperative quality of sexual activity.

Patients and methods This original prospective clinical study was carried out in multiple university surgical centres between 2012 and 2013. Data were obtained during immediate postoperative hospitalisation, at 3 and at 24 months postoperatively. For a total of 42 patients subjected to laparoscopic sacrocolpopexy, bladder catheterization and hospitalisation times, pain score, early and late postoperative complications, prolapse staging according to POP-Q classification, and quality of sexual activity were registered.

Results Mean operative time was 120 minutes and patients were hospitalised for a mean of 3 days. Four complications (9.52%) occurred on the immediate postoperative period, whilst 2 patients (4.76%) complained of pain on day 3 (VAS 1). At the end of the follow-up period (24 months), one patient had a prosthetic exposure, 4 patients (9.52%) complained of stress urinary incontinence (10.81%). Simultaneously, 6 patients (14.29%) experienced dyschezia (2 improved, 1 similar, 1 de novo, 2 worsened), and there was no report of dyspareunia. All anterior and posterior floor prolapses were staged between 0 and 1. All superior floor prolapses were staged between 0 and 2. Concerning sexual impairment, there was no report of dyspareunia, urinary leaks or other problems associated with intercourse, and quality of sexual activity improved.

Conclusion Minimally invasive sacrocolpopexy with the use of glue fixation does not lead to increased mid-term morbidity, simultaneously allowing for significant prolapse improvement, and providing global patient satisfaction and overall quality of life.
SF-36 preoperative interest of predicting improvement of quality of life after laparoscopic management of minimal endometriosis.


Embase

The purpose of the study To study preoperative thresholds of the SF-36 components above which we can predict a high risk of failure in order to improve the quality of life after surgery for patients with minimal endometriosis. Material and methods Design: prospective and multicenter observational study between February 2004 and 2011. Patients: 167 patients with operated minimal endometriosis. Setting: for the Physical Component Summary (PCS) or the Mental Component Summary (MCS) subscales of the SF-36 questionnaire, an improvement defined by an increase of 5 points. Intervention: evaluation by the SF-36 questionnaire the week before and one year after surgery. Measurement and main results Success of surgery measured by an improvement in both components. We found significantly different initial variables between patients with improvement and those without: initial MCS score (P = 0.0003), initial PCS score (P < 0.0001) and dyspareunia (P = 0.004). Multivariate analysis revealed only two significant variables. Initial MCS higher than 40 (OR = 4.6) and initial PCS higher than 50 (OR = 10.6) are risk factors for failure of improvement after surgery. Conclusion Surgery is seldom a good treatment for improving QOL in minimal endometriosis. We set two thresholds for SF-36, 50 for PCS and 40 for MCS: above there is a very high risk of failure (86% of failure in our population). Under, the risk of failure remains high (54.3%). Canadian task force classification of study design Evidence obtained from well-designed cohort or case-control studies, preferably from more than one center or research group.

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Status
Safety Profile of Finasteride: Distribution of Adverse Effects According to Structural and Informational Dichotomies of the Mind/Brain.

Motofei I.G., Rowland D.L., Manea M., Georgescu S.R., Paunica I., Sinescu I.

Embase
Clinical Drug Investigation. 37 (6) (pp 511-517), 2017. Date of Publication: 01 Jun 2017.

[Article]
AN: 614318138

Finasteride is currently used extensively for male androgenic alopecia and benign prostatic hyperplasia; however, some adverse effects are severe and even persistent after treatment cessation, the so-called 'post-finasteride syndrome'. The following most severe adverse effects—sexual dysfunction and depression—often occur together and may potentiate one other, a fact that could explain (at least in part) the magnitude and persistence of finasteride adverse effects. This paper presents the pharmacological action of finasteride and the corresponding adverse effects, the biological base explaining the occurrence, persistence and distribution of these adverse effects, and a possible therapeutic solution for post-finasteride syndrome. The distribution of finasteride adverse effects is presented within a comprehensive and modern neuro-endocrine
perspective related to structural and informational dichotomies of the brain. Understanding the variation of finasteride side effects among different populations would be necessary not only to delineate the safety profile of finasteride for different subgroups of men (a subject may or may not be affected by a certain anti-hormonal compound dependent on the individual neuro-endocrine profile), but also as a possible premise for a therapeutic approach of finasteride adverse effects. Such therapeutic approach should include administration of exogenous hormones, which are deficient in men with post-finasteride syndrome, namely dihydrotestosterone (in right-handed men) or progesterone/dihydroprogesterone (in left-handed subjects).

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200.
Western-style diet, sex steroids and metabolism.
Varlamov O.

Embase


[Article]
The evolutionary transition from hunting to farming was associated with introduction of carbohydrate-rich diets. Today, the increased consumption of simple sugars and high-fat food brought about by Western-style diet and physical inactivity are leading causes of the growing obesity epidemic in the Western society. The extension of human lifespan far beyond reproductive age increased the burden of metabolic disorders associated with overnutrition and age-related hypogonadism. Sex steroids are essential regulators of both reproductive function and energy metabolism, whereas their imbalance causes infertility, obesity, glucose intolerance, dyslipidemia, and increased appetite. Clinical and translational studies suggest that dietary restriction and weight control can improve metabolic and reproductive outcomes of sex hormone-related pathologies, including testosterone deficiency in men and natural menopause and hyperandrogenemia in women. Minimizing metabolic and reproductive decline through rationally designed diet and exercise can help extend human reproductive age and promote healthy aging. This article is part of a Special Issue entitled: Oxidative Stress and Mitochondrial Quality in Diabetes/Obesity and Critical Illness Spectrum of Diseases - edited by P. Hemachandra Reddy. Copyright © 2016 Elsevier B.V.

201.
Small-fibre neuropathy in men with type 1 diabetes and erectile dysfunction: a cross-sectional study.
Aims/hypothesis: The aim of this study was to identify the contribution of small- and large-fibre neuropathy to erectile dysfunction in men with type 1 diabetes mellitus. Methods: A total of 70 participants (29 without and 41 with erectile dysfunction) with type 1 diabetes and 34 age-matched control participants underwent a comprehensive assessment of large- and small-fibre neuropathy. Results: The prevalence of erectile dysfunction in participants with type 1 diabetes was 58.6%. After adjusting for age, participants with type 1 diabetes and erectile dysfunction had a significantly higher score on the Neuropathy Symptom Profile (mean +/- SEM 5.3 +/- 0.9 vs 1.8 +/- 1.2, p = 0.03), a higher vibration perception threshold (18.3 +/- 1.9 vs 10.7 +/- 2.4 V, p = 0.02), and a lower sural nerve amplitude (5.0 +/- 1.1 vs 11.7 +/- 1.5 mV, p = 0.002), peroneal nerve amplitude (2.1 +/- 0.4 vs 4.7 +/- 0.5 mV, p < 0.001) and peroneal nerve conduction velocity (34.8 +/- 1.5 vs 41.9 +/- 2.0 m/s, p = 0.01) compared with those without erectile dysfunction. There was also evidence of a marked small-fibre neuropathy with an impaired cold threshold (19.7 +/- 1.4degreeC vs 27.3 +/- 1.8degreeC, p = 0.003), warm threshold (42.9 +/- 0.8degreeC vs 39.0 +/- 0.9degreeC, p = 0.005) and heart rate variability (21.5 +/- 3.1 vs 30.0 +/- 3.7 beats/min, p = 0.001) and reduced intraepidermal nerve fibre density (2.8 +/- 0.7 vs 5.9 +/- 0.7/mm, p = 0.008), corneal nerve fibre density (12.6 +/- 1.5 vs 23.9 +/- 2.0/mm2, p < 0.001), corneal nerve branch density (12.7 +/- 2.5 vs 31.6 +/- 3.3/mm2, p < 0.001) and corneal nerve fibre length (8.3 +/- 0.7 vs 14.5 +/- 1.0 mm/mm2, p < 0.001) in participants with type 1 diabetes and erectile dysfunction. Erectile dysfunction correlated significantly with measures of both large- and small-fibre neuropathy. Conclusions/interpretation: Small-fibre neuropathy is prominent in patients with type 1 diabetes, and is associated with erectile dysfunction and can be objectively quantified using corneal confocal microscopy. This may allow the identification of patients who are less likely to respond to conventional therapies such as phosphodiesterase type 5 inhibitors.
Radiological anatomy of spontaneous splenorenal shunts in patients with chronic liver disease.
Achiwa S., Hirota S., Kako Y., Takaki H., Kobayashi K., Yamakado K.

Embase
[Article]
AN: 614644135

Purpose: We evaluated anatomical variations of spontaneous splenorenal shunt (SSRS) and the prevalence of portosystemic shunts in patients with chronic liver disease by CT. Materials and methods: A total of 451 patients with chronic liver disease underwent contrast-enhanced computed tomography between October 2010 and April 2011. The prevalence of portosystemic shunts including SSRS and gastrorenal shunt, and the frequency of hepatic encephalopathy were examined. The course of the shunt and the point of confluence with the renal vein of the SSRS were analyzed. Results: SSRSs or gastrorenal shunts were found in 11.1 and 5.0% of the patients, respectively. Anatomical variations were classified into three types according to the point of confluence as follows: type 1 = the SSRS joined the inferior phrenic vein (n = 33), type 2 = the SSRS joined the gonadal vein (n = 7), and type 3 = the SSRS joined the left renal vein (n = 14). The course of the SSRS from the splenic hilum was classified as medial (n = 46), posterior (n = 2), or anterolateral (n = 2). Conclusions: SSRSs were classified into three types depending on the
confluence point with the renal vein, and into three types of course. These findings are useful for preoperative information.

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203.
The Sexual Violence Risk-20: factor structure and psychometric properties.

Embase

[Article]
AN: 614484574

Although the Sexual Violence Risk-20 (SVR-20) is widely used, its psychometric properties have only been investigated in a limited number of studies. This study explored the factor structure of the SVR-20 and examined its psychometric properties. Confirmatory factor analysis (CFA) was used to examine the fit of the original three-domain model of the SVR-20. The CFA showed that the original structure was not satisfactory. Exploratory principal components analysis (PCA) was conducted in search of a more optimal factor structure. Psychometric properties (i.e., internal consistency, predictive value, and convergent validity) of both the original domains and alternative factors were investigated. The PCA and subsequent CFAs pointed in the direction of an alternative, more optimal three-factor solution. The three alternative factors were labeled as
Antisociality, Sexual deviance, and Problematic thinking and produced better internal consistency coefficients than the original domains. However, the validity of the SVR-20 was modest and no evidence was found indicating that the alternative factors were better in this regard as compared to the original domains. Despite the overall superiority of actuarial measures in predicting recidivism, the structured professional judgment of the SVR-20 proved to be more predictive of sexual, violent, and general recidivism than its actuarial scoring method.

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2017

Multi-institutional assessment of adverse health outcomes among north American testicular cancer survivors after modern cisplatin-based chemotherapy.
Purpose To provide new information on adverse health outcomes (AHOs) in testicular cancer survivors (TCSs) after four cycles of etoposide and cisplatin (EPX4) or three or four cycles of bleomycin, etoposide, cisplatin (BEPX3/BEPX4). Methods Nine hundred fifty-two TCSs > 1 year postchemotherapy underwent physical examination and completed a questionnaire. Multinomial logistic regression estimated AHOs odds ratios (ORs) in relation to age, cumulative cisplatin and/or bleomycin dose, time since chemotherapy, sociodemographic factors, and health behaviors. Results Median age at evaluation was 37 years; median time since chemotherapy was 4.3 years. Chemotherapy consisted largely of BEPX3 (38.2%), EPX4 (30.9%), and BEPX4 (17.9%). None, one to two, three to four, or five or more AHOs were reported by 20.4%, 42.0%, 25.1%, and 12.5% of TCSs, respectively. Median number after EPX4 or BEPX3 was two (range, zero to nine and zero to 11, respectively; P > .05) and two (range, zero to 10) after BEPX4. When comparing individual AHOs for EPX4 versus BEPX3, Raynaud phenomenon (11.6% v 21.4%; P < .01), peripheral neuropathy (29.2% v 21.4%; P = .02), and obesity (25.5% v 33.0%; P = .04) differed. Larger cumulative bleomycin doses (OR, 1.44 per 90,000 IU) were significantly associated with five or more AHOs. Increasing age was a significant risk factor for one to two, three to four, or five or more AHOs versus zero AHOs (OR, 1.22, 1.50, and 1.87 per 5 years, respectively; P < .01); vigorous physical activity was protective (OR, 0.62, 0.51, and 0.41, respectively; P < .05). Significant risk factors for three to four and five or more AHOs included current (OR, 3.05 and 3.73) or former (OR, 1.61 and 1.76) smoking (P < .05). Self-reported health was excellent/very good in 59.9% of TCSs but decreased as AHOs increased (P < .001). Conclusion Numbers of AHOs after EPX4 or BEPX3 appear similar, with median follow-up of 4.3 years. A healthy lifestyle was associated with reduced number of AHOs.
Reduced and compressed cisplatin-based chemotherapy in children and adolescents with intermediate-risk extracranial malignant germ cell tumors: A report from the children's oncology group.


Embase


[Article]

AN: 615250535
Purpose To investigate whether event-free survival (EFS) can be maintained among children and adolescents with intermediate-risk (IR) malignant germ cell tumors (MGCT) if the administration of cisplatin, etoposide, and bleomycin (PEb) is reduced from four to three cycles and compressed from 5 to 3 days per cycle. Patients and Methods In a phase 3, single-arm trial, patients with IR MGCT (stage II-IV testicular, II-III ovarian, I-II extragonadal, or stage I gonadal tumors with subsequent recurrence) received three cycles of PEb. A parametric comparator model specified that the observed EFS rate should not be significantly < 92%. As recommended for trials that test a reduction of therapy, a one-sided P value < .10 was used to indicate statistical significance. In a post hoc analysis, we also compared results to the EFS rate of comparable patients treated with four cycles of PEb in two prior studies. Results Among 210 eligible patients enrolled from 2003 to 2011, 4-year EFS (EFS4) rate was 89% (95% confidence interval, 83% to 92%), which was significantly lower than the 92% threshold of the comparison model (P = .08). Among 181 newly diagnosed patients, the EFS4 rate was 87%, compared with 92% for 92 comparable children in the historical cohort (P = .15). The EFS4 rate was significantly associated with stage (stage I, 100%; stage II, 92%; stage III, 85%; and stage IV, 54%; P < .001). Conclusion The EFS rate for children with IR MGCT observed after three cycles of PEb was less than that of a prespecified parametric model, particularly for patients with higher-stage tumors. These data do not support a reduction in the number of cycles of PEb from four to three. However, further investigation of a reduction in the number of cycles for patients with lower-stage tumors is warranted.

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Depression improvement among patients with HIV and endocrine dysfunction after hormone therapy.

Ghiasvand F., Rahimi-Movaghar A., Esteghamati A., Hasibi M., Zakerzadeh N., Abbasian L. Embase


[Article]

AN: 615854905

Endocrine diseases, known as a curable etiology for depression, are common among men living with HIV (MLWH); while depression impedes the adherence to treatment and the perceived quality of life. We evaluated the changes in the depressive symptoms after the medical treatment of the underlying endocrine diseases among Iranian MLWH. Since April 2013 to March 2014, a convenience sample of 296 MLWH was recruited. We interviewed all the patients using the Beck depression inventory (BDI-II) questionnaire. Participants with moderate to severe depression (n = 110, scores ≥ 21) were evaluated for endocrine diseases (evaluations: total testosterone, triiodothyronine, thyroxine, thyroid stimulating hormone, luteinizing hormone, follicle stimulating hormone, and serum cortisol). Eleven patients diagnosed with hypogonadism were, finally, considered for hormone replacement therapy. We re-evaluated the changes in the depressive symptoms with BDI-II. Out of 237 participants, 136 (75%) had BDI scores ≥ 21; 110 participated in
the endocrine evaluations. Secondary hypogonadism was the only observed abnormality in 10% (n = 11) of the patients. Significant improvements were observed in BDI-II scores after 3 months of treatment (P = 0.027). The evaluation and the treatment of hypogonadism can help clinicians to properly address depression among people living with HIV; hence, improve the treatment compliance and the patient outcomes.

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207.

A standard for terminology in chronic pelvic pain syndromes: A report from the chronic pelvic pain working group of the international continence society.


Embase

Neurourology and Urodynamics. 36 (4) (pp 984-1008), 2017. Date of Publication: April 2017.

[Article]

AN: 611888652
Aims: Terms used in the field of chronic pelvic pain (CPP) are poorly defined and often confusing. An International Continence Society (ICS) Standard for Terminology in chronic pelvic pain syndromes (CPPS) has been developed with the aim of improving diagnosis and treatment of patients affected by chronic pelvic pain syndromes. The standard aims to facilitate research, enhance therapy development and support healthcare delivery, for healthcare providers, and patients. This document looks at the whole person and all the domains (organ systems) in a systematic way.

Methods: A dedicated working group (WG) was instituted by the ICS Standardisation Steering Committee according to published procedures. The WG extracted information from existing relevant guidelines, consensus documents, and scientific publications. Medline and other databases were searched in relation to each chronic pelvic pain domain from 1980 to 2014. Existing ICS Standards for terminology were utilized where appropriate to ensure transparency, accessibility, flexibility, and evolution. Consensus was based on majority agreement.

Results: The multidisciplinary CPPS Standard reports updated consensus terminology in nine domains; lower urinary tract, female genital, male genital, gastrointestinal, musculoskeletal, neurological aspects, psychological aspects, sexual aspects, and comorbidities. Each is described in terms of symptoms, signs and further evaluation.

Conclusion: The document presents preferred terms and definitions for symptoms, signs, and evaluation (diagnostic work-up) of female and male patients with chronic pelvic pain syndromes, serving as a platform for ongoing development in this field. Neurourol. Urodynam. 36:984-1008, 2017. © 2016 Wiley Periodicals, Inc.

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208. Psychomedical care in gender identity dysphoria during adolescence. <Atencion psicomedica en la disforia de identidad de genero durante la adolescencia.>
Sanchez Lorenzo I., Mora Mesa J.J., Oviedo de Lucas O.
Embase
Revista de Psiquiatria y Salud Mental. 10 (2) (pp 96-103), 2017. Date of Publication: April 2017.
[Article]
AN: 604712639
Introduction In the clinical literature, the term gender dysphoria is used to define the perception of rejection that a person has to the fact of being male or female. In children and adolescents, gender identity dysphoria is a complex clinical entity. The result of entity is variable and uncertain, but in the end only a few will be transsexuals in adulthood. Objectives - To review the current status of the etiology and prevalence, Spanish health care protocols, DSM-V, ICD-10 and international standards.- Psychomedical intervention in under 18 year-olds.Methodology - A review of PubMed and UpToDate databases.- Presentation of a clinical case in adolescence woman > man.Results and conclusions - There is evidence of a hormonal impact on the etiology
of gender identity dysphoria and an underestimation of its prevalence. - Relevance to DSM-V, including the replacement of the term "gender identity disorder" by "dysphoria gender identity", and thus the partial removal of the previous disease connotation. - The seventh edition of the international standards World Professional Association for Transgender Health highlight the role of the therapist for advice on the way to the transition. - The Spanish 2012 guide stands out for its wealth of details and explanations, with a language targeted at different professionals. - Dysphoria gender identity must be studied by a multidisciplinary team, in which the psychotherapist must be expert in developmental psychopathology and evaluate emotional and behavioral problems.

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209.
Investigating Clinically and Scientifically Useful Cut Points on the Compulsive Sexual Behavior Inventory.
Miner M.H., Raymond N., Coleman E., Swinburne Romine R.

Embase
[Article]
AN: 616104298
Introduction One of the major obstacles to conducting epidemiologic research and determining the incidence and prevalence of compulsive sexual behavior (CSB) has been the lack of relevant
empirically derived cut points on the various instruments that have been used to measure the concept. Aim To further develop the Compulsive Sexual Behavior Inventory (CSBI) through exploring predictive validity and developing an empirically determined and clinically useful cut point for defining CSB. Methods A sample of 242 men who have sex with men was recruited from various sites in a moderate-size Midwestern city. Participants were assigned to a CSB group or a control group using an interview for the diagnosis that was patterned after the Structured Clinical Interview for the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition. The 22-item CSBI was administered as part of a larger battery of self-report inventories. Main Outcome Measures Receiver operating characteristic analyses were used to compute area-under-the-curve measurements to ascertain the predictive validity of the total scale, the control subscale, and the violence subscale. Cut points were determined through consensus of experts balancing sensitivity and specificity as determined by receiver operating characteristic curves. Results Analyses indicated that the 22-item CSBI was a good predictor of group membership, as was the 13-item control subscale. The violence subscale added little to the predictive accuracy of the instrument; thus, it likely measures something other than CSB. Two relevant cut points were found, one that minimized false negatives and another, more conservative cut point that minimized false positives. Conclusion The CSBI as currently configured measures two different constructions and only the control subscale is helpful in diagnosing CSB. Therefore, we decided to eliminate the violence subscale and move forward with a 13-item scale that we have named the CSBI-13. Two cut points were developed from this revised scale, one that is useful as a clinical screening tool and the other, more conservative measurement that is useful for etiologic and epidemiologic research. Miner MH, Raymond N, Coleman E, Swinburne Romine R. Investigating Clinically and Scientifically Useful Cut Points on the Compulsive Sexual Behavior Inventory. J Sex Med 2017;14:715-720. Copyright © 2017 International Society for Sexual Medicine Status INPROCESS Institution (Miner, Raymond, Coleman) Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN, United States (Raymond) Department of Psychiatry, University of Minnesota, Minneapolis, MN, United States (Swinburne Romine) The Schiefelbusch Institute for Life Span Studies, University of Kansas, Lawrence, KS, United States Publisher Elsevier B.V. (E-mail: customerservices@oxonblackwellpublishing.com) Date Created 20170513
Association Between Sexual Problems and Relationship Satisfaction Among People With Cardiovascular Disease.
Byrne M., Murphy P., D'Eath M., Doherty S., Jaarsma T.
Embase
[Article]
AN: 616104290
Background Relationship satisfaction is generally positively correlated with sexual satisfaction, but this relation has been poorly examined in people with cardiovascular disease who are at increased risk of sexual problems compared with the general population. Aim To document reported changes to sex after a diagnosis of cardiac disease and determine whether there is an association between sexual function and relationship satisfaction. Methods Semistructured telephone interviews focused on relationship satisfaction and sexual problems were conducted with 201 people with cardiovascular disease who were currently in a sexual relationship with one main partner and were recruited from six hospital cardiac rehabilitation centers in Ireland. Comparisons between groups were conducted using t-tests and multivariate analysis of variance for continuous variables and chi2 tests for categorical variables. Predictors of relationship satisfaction were assessed using multiple linear regression analysis. Outcomes Data were gathered on demographic and clinical variables, sexual problems, and relationship satisfaction, including satisfaction with the physical, emotional, affection, and communication aspects of relationships. Results Just less than one third of participants (n = 61, 30.3%) reported that sex had changed for the worse since their cardiac event or diagnosis, with approximately half of these stating that this was a serious problem for them. Satisfaction with relationships was high among patients surveyed; more than 70% of the sample reported being very or extremely satisfied with the physical and emotional aspects and showing affection during sex. Satisfaction with communication about sex was lower, with only 58% reporting being very or extremely satisfied. We did not find significant associations between reporting of sexual problems or deterioration of sex as a result of disease and relationship satisfaction. Clinical Implications Cardiac rehabilitation programs should address these sexual problems, potentially by enhancing communication within
couples about sex. Strengths and Limitations The strength is that data are presented on the sexual experiences and relationship satisfaction of a relatively large sample of people diagnosed with cardiac disease, a relatively underexplored research area. Limitations include the possibility of selection bias of study participants and bias associated with self-report measurement.

Conclusions Sexual problems were significant in this population but were not related to relationship satisfaction in this cross-sectional survey. Byrne M, Murphy P, D'Eath M, et al. Association Between Sexual Problems and Relationship Satisfaction Among People With Cardiovascular Disease. J Sex Med 2017;14:666-674.

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211.

Ureterovesical reimplantation for ureteral deep infiltrating endometriosis: A retrospective study.

Chudzinski A., Collinet P., Flamand V., Rubod C.

Embase


[Article]

AN: 616130655

Introduction and hypothesis Symptoms of endometriosis of the urinary tract consist of nonspecific signs that are often trivialized. However, late diagnosis may be responsible for an upstream
impact. The aim of this study is to describe a population of patients who received ureterovesical reimplantation for deep infiltrating endometriosis. We evaluate the preoperative clinical and radiological symptoms and long-term surgical outcomes. Methods All the endometriotic patients who underwent ureterovesical reimplantation at Lille university hospital between 2003 and 2013 were included retrospectively. Results Seventeen patients were included. Urological symptoms of endometriosis were present in 53% of patients and 29% had a history of urological surgery. Delay between diagnosis and ureteral reimplantation was 64 +/- 65 months on average. Forty-seven percent of patients had urinary functional symptoms consisting mainly of lower back pain. The ureteral lesion was known preoperatively and associated with hydroureteronephrosis in 82% of cases. Thirty-five percent of patients had renal atrophy and renal function was impaired in 23% of cases. Mean follow-up was 45 +/- 27 months. Forty-one percent of patients presented at least one immediate postoperative complication-fistula, postoperative infection or nerve compression. Also, urinary functional symptoms, dyspareunia and dysmenorrhea were maintained in 47%. Conclusion Ureterovesical reimplantation in a context of endometriosis is major surgery with frequent complications. It requires close collaboration between gynecologists, radiologists and urologists. Prior comprehensive patient information is essential. Diagnosis and early treatment of ureteral endometriosis lesions should help reduce the morbidity of this disease.
Incremental validity of the Child Behavior Checklist (CBCL) and the Strengths and Difficulties Questionnaire (SDQ) in Vietnam.
Dang H.-M., Nguyen H., Weiss B.

Embase
[Article]
AN: 616033353

Objective
Valid but efficient psychiatric assessment is essential for mental health development in Asian low and middle-income countries. This study's objective was to assess the validity of Vietnamese versions of the Child Behavior Checklist (CBCL), and the Strengths and Difficulties Questionnaire (SDQ) in Vietnam. Methods Measures were completed by a community sample of 1314 parents of children 6-16 years old from 10 Vietnamese provinces, and by parents of 208 children recruited from 3 psychiatric facilities in Hanoi. Results Internal consistency was in the fair to excellent range for all CBCL scales (.76-.96) and for the SDQ Total Problems scale (.81); SDQ subscale internal consistency was in the poor to fair range (.31-.73). All CBCL and SDQ scales and most individual items significantly discriminated between referred and non-referred children, with referred children scoring in the more pathological direction; the CBCL had significantly larger referral effect sizes than the SDQ for all four pairs of comparable scales. At the item level, the largest referral status effect for the CBCL were #73 (Sexual Problems), #84 (Strange Behavior), and #91 (Talks about suicide), and for the SDQ they were #10 (Constantly fidgeting), #15 (Easily Distracted) and # 25 (Good Attention Span-reverse scored). Five CBCL (#2 Drinks alcohol; #99 Uses tobacco, #32 Has to be perfect; #53 Overeats; #56A Aches and pains) and one SDQ items (#23 Gets along better with adults than children) did not discriminate referral status, suggesting the influence of cultural values on clinical referrability (e.g., that Vietnamese parents may not see use of tobacco as an issue of concern, or related to health). Conclusions There is good support for the reliability and validity of the Vietnamese version of the CBCL, and for the SDQ Total Problems scale. Overall, the CBCL appears to be the stronger measure psychometrically, particularly if in-depth assessment is needed.

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Paternally Inherited DLK1 deletion associated with familial central precocious puberty.


Embase

[Article]
AN: 616115433

Context: Central precocious puberty (CPP) results from premature activation of the hypothalamic-pituitary-gonadal axis. Few genetic causes of CPP have been identified, with the most common being mutations in the paternally expressed imprinted gene MKRN3. Objective: To identify the genetic etiology of CPP in a large multigenerational family. Design: Linkage analysis followed by whole-genome sequencing was performed in a family with five female members with nonsyndromic CPP. Detailed phenotyping was performed at the time of initial diagnosis and long-term follow-up, and circulating levels of Delta-like 1 homolog (DLK1) were measured in affected individuals. Expression of DLK1 was measured in mouse hypothalamus and in kisspeptin-secreting neuronal cell lines in vitro. Setting: Endocrine clinic of an academic medical center. Patients: Patients with familial CPP were studied. Results: A complex defect of DLK1 (;14-kb deletion and 269-bp duplication) was identified in this family. This deletion included the 50
untranslated region and the first exon of DLK1, including the translational start site. Only family members who inherited the defect from their father have precocious puberty, consistent with the known imprinting of DLK1. The patients did not demonstrate additional features of the imprinted disorder Temple syndrome except for increased fat mass. Serum DLK1 levels were undetectable in all affected individuals. Dlk1 was expressed in mouse hypothalamus and in kisspeptin neuron-derived cell lines. Conclusion: We identified a genomic defect in DLK1 associated with isolated familial CPP. MKRN3 and DLK1 are both paternally expressed imprinted genes. These findings suggest a role of genomic imprinting in regulating the timing of human puberty. (J Clin Endocrinol Metab 102: 1557-1567, 2017).

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Fractured Penis: Not So Rare!
Embse
[Article In Press]
AN: 616142434
Introduction: Penile fracture is a relatively common phenomenon. The main problem associated with this condition is the lack of patients' awareness on the urgency of the situation. This study reports the different modes of presentations and treatment results. Materials and Methods: We reviewed 21 cases of penile fracture over 5 years. Parameters were mode of injury, age group, time interval before presentation, management, site of injury, urethral involvement, results, complications and erectile function at follow-up. Results: The mean age of patients was 34 years, the mean time interval until presentation was 26 h. Cases involving the right corpus cavernosum comprised 57.14% and 42.86% were cases involving the left corpus cavernosum. Two patients had full circumferential urethral tear. Two patients developed wound infections and 2 patients developed mild penile curvature (<30degree). These 4 patients had all presented late for treatment (>40 h). Conclusion: Urologists need to consider penile fracture a urological emergency and atypical presentations need to be considered when deciding on management.
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Background/Aims/Objectives: We have investigated the clinical and physiological effects of Transfer Capacitive Resistive Energy (TCARE) therapy on men with Peyronie's disease (PD).

Methods: Ninety-six men with PD have been randomized in a 2:1 ratio to receive 3 sessions of TCARE therapy or sham therapy. Pain, penile curvature and erectile function have been assessed before the first treatment and up to 9 months after the end of treatment, using the Visual Analogue Scale for the pain, a goniometer to measure the degree of curvature using at-home photography and an International Index of Erectile Function (IIEF-5) questionnaire. Results: A significant pain reduction at the end of the treatment in 51 (79.6%) patients (p < 0.01) of the treated group was observed. No significant improvements in the sham group (p = 0.23) have been observed. No statistical differences in the degree of curvature have been observed in both groups. No statistical improvements have been observed in the IIEF-5 questionnaire. Adverse events have not been reported. Conclusion: This is, to our knowledge, the first randomized, single-blind, sham-controlled study that shows that TCARE has a positive short-term clinical effect on pain in patients with PD. The feasibility and tolerability of this treatment produce an attractive new therapeutic option for men with PD.

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Sexual dysfunction following rectal cancer surgery.
Celentano V., Cohen R., Warusavitarne J., Faiz O., Chand M.
Embase
[Article In Press]
AN: 616142102
Introduction: Sexual and urological problems after surgery for rectal cancer are common, multifactorial, inadequately discussed, and untreated. The urogenital function is dependent on dual autonomic sympathetic and parasympathetic innervation, and four key danger zones exist that are at risk for nerve damage during colorectal surgery: one of these sites is in the abdomen and three are in the pelvis. The aim of this study is to systematically review the epidemiology of sexual dysfunction following rectal cancer surgery, to describe the anatomical basis of autonomic nerve-preserving techniques, and to explore the scientific evidence available to support the laparoscopic or robotic approach over open surgery. Methods: According to the PRISMA guidelines, a comprehensive literature search of studies evaluating sexual function in patients undergoing rectal surgery for cancer was performed in Medline, Scopus, Web of Science, Embase, and Cochrane Central Register of controlled trials. Results: An increasing number of studies assessing the incidence and prevalence of sexual dysfunction following multimodality treatment for rectal cancer has been published over the last 30 years. Significant heterogeneity in the prevalence of sexual dysfunction is reported in the literature, with rates between 5 and 90%. Conclusions: There is no evidence to date in favor of any surgical approach (open vs laparoscopic vs robotic). Standardized diagnostic tools should be routinely used to prospectively assess sexual function in patients undergoing rectal surgery.
Bifurcated-bifurcated aneurysm repair is a novel technique to repair infrarenal aortic aneurysms in the setting of iliac aneurysms.
Shin S.H., Starnes B.W.
Embase
[Article In Press]
AN: 616133545
Background: Up to 40% of abdominal aortic aneurysms (AAAs) have coexistent iliac artery aneurysms (IAAs). In the past, successful endovascular repair required internal iliac artery (IIA) embolization, which can lead to pelvic or buttock ischemia. This study describes a technique that uses a readily available solution with a minimally altered off-the-shelf bifurcated graft in the IAA to maintain IIA perfusion. Methods: From August 2009 to May 2015, 14 patients with AAAs and coexisting IAAs underwent repair with a bifurcated-bifurcated approach. A 22-mm or 24-mm bifurcated main body device was used in the IAA with extension of the "contralateral" limb into the IIA. Intraoperative details including operative time, fluoroscopy time, and contrast agent use were recorded. Outcome measures assessed were operative technical success and a composite
outcome measure of IIA patency, freedom from reintervention, and clinically significant endoleak at 1 year. Results: Fourteen patients underwent bifurcated-bifurcated repair during the study period. Technical success was achieved in 93% of patients, with successful treatment of the AAA and IAA and preservation of flow to at least one IIA. The procedure was performed with a completely percutaneous bilateral femoral approach in 92% of patients. Three patients had a type II endoleak on initial follow-up imaging, but none were clinically significant. There were no cases of bowel ischemia or erectile dysfunction. One patient had buttock claudication ipsilateral to IIA coil embolization (contralateral to bifurcated iliac repair and preserved IIA) that resolved by 6-month follow-up. Two patients required reinterventions. One patient presented to his first follow-up visit on postoperative day 25 with thrombosis of the right external iliac limb ipsilateral to the bifurcated iliac repair, which was successfully treated with thrombectomy and stenting of the limb. This same patient presented at 83 months with growth of the preserved IIA to 3.9 cm and underwent coil embolization of the aneurysm. Another patient presented for surveillance 44 months after his original repair with component separation of the mating stent and the iliac bifurcated stent grafts. This was treated with a limb extension and endoanchors to fuse the endografts. Of the 13 patients who underwent bifurcated-bifurcated repair, 100% of the preserved IIAs remained patent at last follow-up. The composite outcome measure of IIA patency and freedom from reintervention and clinically significant endoleak at 1 year was 92% (n = 12/13). Conclusions: In this small retrospective review, bifurcated-bifurcated aneurysm repair of aortoiliac aneurysms with preservation of perfusion to the IIA is technically feasible and safe with good short-term and midterm results in male patients.

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Challenges in assessing personality of individuals with Gender Dysphoria with the SWAP-200.
Lingiardi V., Giovanardi G.

Embase
[Article In Press]
AN: 616101530

Background: Personality assessment can be useful to better understand the complexity of transgender and transsexual people. In particular, the Shedler Westen Assessment Procedure-200 (SWAP-200) is a measure that provides an accurate dimensional evaluation of personality. When assessing gender non-conforming people, however, clinicians can encounter some difficulties in giving appropriate ratings to all the items. Purpose of the review: A brief guide to the use of SWAP-200 with transgender patients is provided, taking into account three areas of psychological functioning: identity, relationships and sexuality. The authors review, one by one, the SWAP-200 items related to these areas, and, relying on their clinical experience and on scientific literature on Gender Dysphoria, they propose recommendations for making personality diagnoses meaningful. Conclusion: This paper facilitates a better clinical understanding of transgender people, and help clinicians to be more knowledgeable in the assessment of this heterogeneous population.

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Influence of vitamin D levels on the cardiovascular profile of hypogonadal men.
Tirabassi G., Cutini M., Salvio G., Cerqueni G., Lenzi A., Balercia G.
Embase
[Article In Press]
AN: 616101370
Purpose: A large body of evidence suggests a role for vitamin D in conditioning cardiovascular risk. Therefore, it can be hypothesized that vitamin D might also play a role in influencing the metabolic profile of hypogonadal men. In this work, we aimed at evaluating if any relationship exists between vitamin D levels and cardiovascular parameters in male hypogonadism. Methods: Hypogonadal patients attending our andrology unit were retrospectively reviewed. Clinical and biochemical parameters were evaluated. Results: 103 patients were studied (51 non-diabetic and 52 diabetic subjects). Mean age of the whole sample was 65 years (standard error of the mean: 0.62). Significant correlations of age, total testosterone, parathyroid hormone (PTH), calcemia, and 25-OH vitamin D with the metabolic profile were found. In logistic regression models including age, total testosterone, PTH, calcemia and 25-OH vitamin D as independent variables, lower levels of 25-OH vitamin D were associated with high values of body mass index (BMI) [odds ratio (OR) 0.910, p 0.019], insulin (OR 0.918, p 0.034), homeostatic model assessment (HOMA) index (OR 0.918, p 0.030), total cholesterol (OR 0.819, p < 0.001), triglycerides (OR 0.820, p < 0.001), and low-density lipoprotein cholesterol (OR 0.923, p 0.034). In non-diabetic subjects, lower levels of 25-OH vitamin D were associated with high values of BMI, insulin, HOMA, triglycerides, systolic, and diastolic blood pressure. On the other hand, in diabetic subjects, lower levels of 25-OH vitamin D were associated with high values of total cholesterol and triglycerides. Conclusions: Our work shows the influence of vitamin D on cardiovascular profile in male hypogonadism. This effect seems to be more relevant in non-diabetic subjects. If these data were to be confirmed, vitamin D assessment might become mandatory in the clinical evaluation of cardiovascular profile in male hypogonadism.
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The steroid response to human chorionic gonadotropin (hCG) stimulation in men with Klinefelter syndrome does not change using immunoassay or mass spectrometry.

Roli L., Santi D., Tagliavini S., Cavalieri S., de Santis M.C., Baraldi E., Fanelli F., Mezzullo M., Granata A.R., Pagotto U., Pasquali R., Rochira V., Carani C., Simon M., Trenti T.

Embase
[Article In Press]
AN: 616101211

Purpose: Liquid-chromatography tandem mass-spectrometry (LC-MS/MS) was developed in parallel to Immunoassays (IAs) and today is proposed as the "gold standard" for steroid assays. Leydig cells of men with Klinefelter syndrome (KS) are able to respond to human chorionic gonadotropin (hCG) stimulation, even if testosterone (T) production was impaired. The aim was to evaluate how results obtained by IAs and LC-MS/MS can differently impact on the outcome of a clinical research on gonadal steroidogenesis after hCG stimulation. Methods: A longitudinal, prospective, case-control clinical trial. (clinicaltrial.gov NCT02788136) was carried out, enrolling KS men and healthy age-matched controls, stimulated by hCG administration. Serum steroids were evaluated at baseline and for 5 days after intramuscular injection of 5000 IU hCG using both IAs and LC-MS/MS. Results: 13 KS patients (36 +/- 9 years) not receiving T replacement therapy and 14 controls (32 +/- 8 years) were enrolled. T, progesterone, cortisol, 17-hydroxy-progesterone (17OHP) and androstenedione, were significantly higher using IAs than LC-MS/MS. IAs and LC-MS/MS showed direct correlation for all five steroids, although the constant overestimation detected by IAs. Either methodology found the same 17OHP and T increasing profile after hCG stimulation, with equal areas under the curves (AUCs). Conclusions: Although a linearity between IA and LC-MS/MS is demonstrated, LC-MS/MS is more sensitive and accurate, whereas IA shows a constant overestimation of sex steroid levels. This result suggests the need
of reference intervals built on the specific assay. This fundamental difference between these two methodologies opens a deep reconsideration of what is needed to improve the accuracy of steroid hormone assays.

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221.
Psychological characteristics of Italian gender dysphoric adolescents: a case-control study. Fisher A.D., Ristori J., Castellini G., Sensi C., Cassioli E., Prunas A., Mosconi M., Vitelli R., Dettore D., Ricca V., Maggi M.

Embase
Purpose: Gender dysphoria (GD) is associated with clinically significant distress and impairment in social, scholastic, and other important areas of functioning, especially when early onset is reported. The aim of the present study is to assess the psychopathological features associated with GD in adolescence, comparing a group of gender dysphoric adolescents (GDs) with a group of non-referred adolescents (NRs), in terms of body uneasiness, suicide risk, psychological functioning, and intensity of GD. Methods: A sample of 46 adolescents with GD and 46 age-matched NRs was evaluated (mean +/- SD age = 16.00 +/- 1.49 and 16.59 +/- 1.11 respectively, p > 0.05). Subjects were asked to complete the Body Uneasiness Test (BUT) to explore body uneasiness, the Youth Self Report (YSR) to measure psychological functioning, the Multi-Attitude Suicide Tendency Scale (MAST) for suicide risk, and the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA) for GD assessment. Results: Adolescents with GD reported significantly higher levels of body uneasiness (BUT-GSI, F = 380.13, p < 0.0001), as well as a worse psychological functioning (YSR, F = 13.06 and p < 0.0001 for “total problem scale” and F = 12.53, p = 0.001 for “internalizing” scale) as compared to NRs. When YSR subscales were considered, GDs showed significantly higher scores in the "withdrawal/depression", "anxiety/depression", and "social problems" (all p < 0.0001). In addition, GDs showed significantly higher levels in the "attraction to death" and "repulsion by life" scales and lower scores in the "attraction to life" scale (all p < 0.0001). Finally, GIDYQ-AA score was significantly lower (meaning a higher level of gender dysphoria symptoms) in GDs vs. NRs (p < 0.0001). Conclusions: GD adolescents reported significantly higher body dissatisfaction and suicidal risk compared to NRs. In addition, results confirmed a significant impairment in social psychological functioning in adolescents with GD.
222.
Fluid intelligence, traits of personality and personality disorders in a cohort of adult KS patients with the classic 47, XXY karyotype.
Liberato D., Granato S., Grimaldi D., Rossi F.M., Tahani N., Gianfrilli D., Anzuini A., Lenzi A., Cavaggioni G., Radicioni A.F.
Embase
[Article In Press]
AN: 616100303
Purpose: Klinefelter's syndrome (KS) is associated with specific neurobehavioral features and personality traits. The aim of our study was to investigate fluid intelligence, personality traits and personality disorders (PD) and possible correlations with testosterone in a cohort of adult KS patients. Methods: We analyzed 58 adult KS patients with the classic 47, XXY karyotype. The Structured Clinical Interview for axis II disorders was used to assess DSM IV personality disorders. Personality traits were assessed using MMPI-2. Fluid intelligence was tested by using Raven's Standard Progressive Matrices (SPM) Test. Testosterone blood concentration was measured by CMIA. Results: PD prevalence was 31%. Four altered MMPI scales (Social Responsibility, Dominance, Ego Strength and Repression) were found in more than 40% of patients. Overcontrolled hostility and MacAndrew Alcoholism Scale-Revised scales were altered in the PD- group only. Biz-Odd Thinking and Post-Traumatic Stress Disorder scale were associated with the presence of personality disorder. The raw SPM score was 44 +/- 10.8 without any significant correlation with testosterone. No significant difference in mean age, SPM raw score and MMPI score was observed between eugonadal, hypogonadal and treated patients. Conclusions: Most KS patients had average fluid intelligence. PD prevalence was higher than in the general population. Testosterone was not correlated with fluid intelligence, personality traits or
PD, but a reduction in marital distress was observed in treated patients. This could suggest that testosterone therapy can improve physical symptoms and this effect could also improve relationship abilities and wellness awareness.

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223.

Psychosexual consequences and their treatments in the field of cancer: A systematic review of psychotherapeutics interventions. <Les conséquences psychosexuelles et leurs traitements dans le champ du cancer : une revue systématique d'interventions psychotherapeutiques.>

Siles J., Tarquinio C.

Embase

Sexologies. 26 (2) (pp 87-95), 2017. Date of Publication: April 2017.

[Article]

AN: 613201660

Introduction The dimension of sexuality is widely affected in the field of cancer, whether it is before, during and after its treatment. In 2011, it is estimate that approximately 35 to 50% of patients affected by cancer are subject of sexual troubles or affections related with their cancer
and its treatment. However, great taboos occur in the discussion of these difficulties by the
patients but also health professionals. Objective Realize a systematic review of
psychotherapeutic interventions that exists in the scientific literature, to inform how they are likely
to reduce the psychosexual consequences in the occurrence of cancer. Method Four databases
have been used for the research of articles in regard of inclusions and exclusions criteria.
Following several steps, twelve psychotherapeutic interventions have been analyzed in this
review. Results The cancers that have benefited of an intervention are mostly cancer of prostate,
the breast and gynecological. Two main forms of interventions emerges in this review, that are
cognitive behavioral interventions and interventions based on information. Through the results
obtain, it is often sexual functioning and satisfaction, as well as communication, which are taken
into account as the efficiency of psychosexual troubles treatments. Discussion It exists several
forms of interventions possible in treatment of sexual difficulties. These ones however usually
make account of a treatment of sexuality from a biological point of view, by diminishing
psychological, environmental, social and cultural dimensions in the treatment of sexual violations
during a living experience of cancer. A thought on a more systematic integration of
communication and information distribution around sexuality in all forms of cancer, as well as a
thought around more integrative interventions should be studied.

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Associations between cognitive impairment and patient-reported measures of physical/mental functioning in older people living with HIV.


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HIV Medicine. 18 (5) (pp 363-369), 2017. Date of Publication: 01 May 2017.

[Article]
AN: 613492059

Objectives: While cognitive impairment is frequently reported in HIV-positive individuals and has historically been associated with poorer functional outcomes, the associations between cognitive impairment and patient-reported outcome measures (PROMs) in contemporary cohorts are unclear. Methods: We tested cognitive function using a computerized battery (CogStateTM) in 290 HIV-positive and 97 HIV-negative individuals aged > 50 years participating in the Pharmacokinetic and Clinical Observations in People Over Fifty (POPPY) study. Participants completed questionnaires detailing physical and mental health [Short Form Health Survey (SF-36)], cognitive function [European AIDS Clinical Society (EACS) questions], activities of daily living [Lawton Instrumental Activities of Daily Living (IADL)], depression [Patient Depression Questionnaire (PHQ-9) and Centres for Epidemiologic Studies Depression scale (CES-D)], falls and sexual desire. Cognitive impairment was defined using the Frascati criteria, global deficit score (GDS) and multivariate normative comparison (MNC). In the HIV-positive group, the classification performances of the different definitions of cognitive impairment and dichotomized questionnaire results were calculated. Results: The prevalence of cognitive impairment in the HIV-positive group was 34.5% (GDS), 30.0% (Frascati) and 22.1% (MNC), with only 2% diagnosed with HIV-associated dementia. In general, the associations between cognitive impairment and PROMs were weak regardless of the definition used: mean c-statistics were 0.543 (GDS), 0.530 (MNC) and 0.519 (Frascati). Associations were similar using the global T-score to define cognitive impairment. Summary health scores (SF-36) were lower, but only significantly so for those with cognitive impairment identified using MNC, for both mental health (61.4 vs. 75.8; P = 0.03) and physical health (60.9 vs. 75.0; P = 0.03). Conclusions: The associations between cognitive impairment and PROMs were weak, possibly because
impairment was mild and therefore largely asymptomatic. Further work is needed to elucidate the clinical implications of cognitive impairment in HIV-disease.

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225.
Dynamics of hormonal disorders following unilateral orchiectomy for a testicular tumor.
Wiechno P.J., Kowalska M., Kucharz J., Sadowska M., Michalski W., Poniatowska G., Jonska-Gmyrek J., Rzymkowska J., Nietupski K., Demkow T.

Embase
Medical Oncology. 34 (5) (no pagination), 2017. Article Number: 84. Date of Publication: 01 May 2017.
Testicular tumors and their treatment interfere with homeostasis, hormonal status included. The aim of the study was to evaluate hormonal disorders of the pituitary-gonadal axis in men treated for testicular tumors. One hundred twenty-eight men treated for a unilateral testicular tumor at our institution were included. The hormonal status was prospectively evaluated in 62 patients before orchiectomy, 120 patients 1 month after orchiectomy and 110 patients at least 1 year after the treatment. The concentrations of human chorionic gonadotropin (hCG), testosterone (T), estradiol, luteinizing hormone (LH), follicle-stimulating hormone (FSH) and prolactin were measured. The clinically significant testosterone deficiency was defined either as testosterone <2.31 ng/mL or testosterone within the range of 2.31-3.46 ng/mL but simultaneous with T/LH ratio <1. Changes in hormone levels were significant: LH and FSH rose in the course of observation, and the concentration of hCG, testosterone, estradiol decreased. PRL concentration was the lowest at 1 month after orchiectomy. In multivariate analysis, the risk of the clinically significant testosterone deficiency was 0.2107 (95% CI 0.1206-0.3419) prior to orchiectomy, 0.3894 (95% CI 0.2983-0.4889) 1 month after surgery and 0.4972 (95% CI 0.3951-0.5995) 1 year after the treatment. The estradiol concentration was elevated in 40% of patients with recently diagnosed testicular cancer and that was correlated with a higher risk of testosterone deficiency after the treatment completion. Hormonal disorders of the pituitary-gonadal axis in men treated for testicular tumors are frequent. The malignant tissue triggers paraneoplastic disorders that additionally disturb the hormonal equilibrium.

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PMID
Clozapine users in Australia: Their characteristics and experiences of care based on data from the 2010 National Survey of High Impact Psychosis.

Embase
Epidemiology and Psychiatric Sciences. 26 (3) (pp 325-337), 2017. Date of Publication: 01 Jun 2017.

[Article]
AN: 611286965

Aims. Clozapine is the most effective medication for treatment refractory schizophrenia. However, descriptions of the mental health and comorbidity profile and care experiences of people on clozapine in routine clinical settings are scarce. Using data from the 2010 Australian Survey of High Impact Psychosis, we aimed to examine the proportion of people using clozapine, and to compare clozapine users with other antipsychotic users on demographic, mental health, adverse drug reaction, polypharmacy and treatment satisfaction variables.

Methods. Data describing 1049 people with a diagnosis of schizophrenia or schizoaffective disorder, who reported taking any antipsychotic medication in the previous 4 weeks, were drawn from a representative Australian survey of people with psychotic disorders in contact with mental health services in the previous 12 months. We compared participants taking clozapine (n = 257, 22.4%) with those taking other antipsychotic medications, on a range of demographic, clinical and treatment-related indicators.

Results. One quarter of participants were on clozapine. Of participants with a chronic course of illness, only one third were on clozapine. After adjusting for diagnosis and illness chronicity, participants taking clozapine had significantly lower odds of current alcohol, cannabis and other drug use despite similar lifetime odds. Metabolic syndrome and diabetes were more common among people taking clozapine; chronic pain was less common. Psychotropic polypharmacy did not differ between groups.

Conclusions. Consistent with international evidence of clozapine underutilisation, a large number of participants with chronic illness and high symptom burden
were not taking clozapine. The lower probabilities of current substance use and chronic pain among clozapine users warrant further study.

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227.
Diagnostic utility of testosterone priming prior to dynamic tests to differentiate constitutional delay in puberty from isolated hypogonadotropic hypogonadism.

Sukumar S.P., Bhansali A., Sachdeva N., Ahuja C.K., Gorsi U., Jarial K.D.S., Walia R.

Embase

[Article]
Context: Differentiation between constitutional delay in puberty (CDP) and isolated hypogonadotrophic hypogonadism (IHH) during adolescence is a great clinical challenge, and the available diagnostic tests are of limited value. Objective: To study the effect of withdrawal of short-term, low-dose testosterone therapy (testosterone priming) on the discriminatory power of dynamic tests for hypothalamo-pituitary-testicular axis to differentiate CDP from IHH. Design: A prospective study (n = 30) consisting of 20 boys with delayed puberty (group A) and 10 patients with IHH (group B). Intervention: Patients in groups A and B underwent Triptorelin and hCG stimulation tests, prior to and 2 months after withdrawal of 'testosterone priming' (100 mg intramuscularly 4 weekly for 3 months) and were followed up until the onset of puberty or 18 years of age, whichever was earlier. Results: At baseline, Triptorelin-stimulated 4 h LH, with a cut-off of 2.8 IU/l, and hCG-stimulated day 7 testosterone with a cut-off of 3.8 nmol/l had sensitivities of 80% each, and specificities of 93% and 87%, respectively, to diagnose CDP. After withdrawal of testosterone, a 4 h LH cut-off of 14.7 IU/l and day 7 testosterone cut-off of 10.3 nmol/l had sensitivities of 93% and 88% respectively, and specificity and positive predictive value of 100% each. A basal inhibin B > 94.7 ng/l was discriminatory for diagnosing CDP after withdrawal of testosterone priming. Conclusions: Inhibin B levels or 4 h LH after Triptorelin stimulation are the best discriminatory tests to differentiate CDP from IHH, when performed after withdrawal of 'testosterone priming'.

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Cross-sex hormones and metabolic parameters in adolescents with gender dysphoria.


Embase


BACKGROUND AND OBJECTIVES: The Endocrine Society states that adolescents with gender dysphoria may start cross-sex hormones. The goal of this study was to identify patterns in metabolic parameters in transgender adolescents receiving cross-sex hormones. METHODS: Data from adolescents aged 14 to 25 years seen in 1 of 4 clinical sites between 2008 and 2014 were retrospectively analyzed. Subjects were divided into affirmed male (female-to-male) patients taking testosterone and affirmed female (male-to-female) patients taking estrogen. Previously recorded measurements of blood pressure, BMI, testosterone, estradiol, prolactin, lipids, electrolytes, liver function tests, hemoglobin/hematocrit, and hemoglobin A1c were reviewed. These values were obtained from before the start of therapy, at 1 to 3 months after initiation, at 4 to 6 months, and at 6 months and beyond. Repeated measures analysis of variance models were used to evaluate changes over time. RESULTS: One hundred and sixteen adolescents were included (72 female-to-male subjects and 44 male-to-female subjects). Of the 72 subjects taking testosterone, a significant increase in hemoglobin/hematocrit levels and BMI, as well as a decrease in high-density lipoprotein level, was recorded at each visit. No significant changes in any other parameter tested were found. Of the 44 subjects taking estrogen, no statistically significant changes were noted in the measured metabolic parameters. CONCLUSIONS: Testosterone use was associated with increased hemoglobin and hematocrit, increased BMI, and lowered high-density lipoprotein levels; estrogen was associated with lower testosterone and alanine aminotransferase levels. Otherwise, cross-sex hormone administration in adolescents was not associated with significant differences in the selected metabolic parameters over time. Copyright © 2017 by the American Academy of Pediatrics.
229.
Oncological and functional outcomes of sexual function-preserving cystectomy compared with standard radical cystectomy in men: A systematic review.

Embase
[Article In Press]
AN: 616065024

Introduction: Different sexual function-preserving surgical techniques aimed at improving voiding and sexual function in patients undergoing radical cystectomy for bladder cancer have been described. The objective of this systematic review is to determine the effect of sexual function-preserving cystectomy (SPC) on functional and oncological outcomes. Materials and methods: Relevant databases were searched covering the time frame 2000 to 2015. All publications presenting data on any type of SPC reporting oncological or functional outcomes with a minimum follow-up of 1 year were identified. Comparative studies including a minimum of 30 patients and single-arm case series with a minimum of 50 patients were selected. No language restrictions were applied. Results: In a total of 8,517 identified abstracts, 12 studies were eligible for inclusion. SPC described included prostate-, capsule-, seminal vesicle, and nerve-sparing
techniques. Local recurrence ranged from 1.2% to 61.1% (vs. 16.0%-55.0% in the control group) and metastatic disease from 0% to 33.3% (vs. 33.0%). No differences were found in comparative studies reporting oncological outcomes. Postoperative potency was significantly better in the SPC groups in 6 studies comparing sexual function-preserving cystectomy vs. radical cystectomy (P<0.05). No major effect on continence was found. Overall, there was moderate to high risk of bias and confounding. Conclusions: The evidence base for prostate-, capsule-, or nerve-sparing cystectomy suggests that these procedures may yield better sexual outcomes than standard cystectomy, without compromising oncological outcomes. However, the overall quality of the evidence was moderate, and hence if offered, patients must be carefully selected, counseled, and closely monitored.

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The impact and management of sexual dysfunction secondary to pharmacological therapy of benign prostatic hyperplasia.


Embase
Translational Andrology and Urology. 6 (2) (pp 295-304), 2017. Date of Publication: 01 Apr 2017.
[Review]
AN: 615924625

Benign prostatic hyperplasia (BPH) is one of the most common genitourinary complications in men over 50 years of age and typically presents with lower urinary tract symptoms (LUTS). Classes of medications include alpha1-adrenoceptor blockers, 5alpha-reductase inhibitors, and phosphodiesterase 5 inhibitors. Today, alpha1-adrenoceptor blockers and 5alpha-reductase inhibitors are often combined to give a synergistic effect. A review of the current literature identified several adverse sexual side effects, including erectile dysfunction (ED), decreased libido, orgasmic disorders, and ejaculatory disorders. We believe it is important to know the extent of these side effects, as the clinician and patient will need to decide the cost of improved voiding symptoms. The chief adverse effect is ejaculatory disorders, including the absence of ejaculation. Clinical consideration for BPH should include the elements of male sexual function, patients' age, and the characteristics and comprehensive effects of each group of drugs. Methodological bias in clinical studies, such as the subjective evaluation of the sexual side effect, makes it difficult to determine the ideal drug for treatment.

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231.
Research in pharmacotherapy for erectile dysfunction.
Ryu J.-K., Suh J.-K., Burnett A.L.
Embase
Translational Andrology and Urology. 6 (2) (pp 207-215), 2017. Date of Publication: 01 Apr 2017.
[Review]
AN: 615924614
Although oral phosphodiesterase-5 (PDE5) inhibitors are generally accepted as an effective therapy for erectile dysfunction (ED), men with ED from diabetes or radical prostatectomy respond poorly to these drugs. Many researchers have tried to develop novel therapeutics that target alternative molecular pathways. A group of therapeutics belongs to centrally acting agents that target dopamine and melanocortin receptors. The other one is the peripherally acting agents that target soluble guanylate cyclase, Rho-kinase pathway, and Maxi-K channel, etc. Also, a variety of preclinical studies by the application of biotherapies in the concept of therapeutic angiogenesis or neural regeneration as well as anti-fibrosis to regenerate damaged erectile tissue have been reported. This article will address the current therapeutic targets for ED under clinical or preclinical development, including pharmacotherapy and biotherapy which comprises protein therapy and gene therapy. In spite of numerous clinical trials that target alternative pathways, these agents have yet to reach the market. The results from preclinical studies targeting therapeutic angiogenesis, neural regeneration, and anti-fibrosis are promising.

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Comparison of the patient and partner satisfaction with 700CX and Titan penile prostheses.


Embase

[Article]
AN: 615912839

Most widespread three-component penile prosthesis models are 700CXTM and Titan. Our purpose is to assess patient and partner satisfaction after the first implant. This is a multicenter, retrospective, nonrandomized study in which all patients who met the inclusion criteria between 2009 and 2013 were included. In total, 248 patients agreed to participate. To evaluate patient satisfaction, a validated but modified 11-question questionnaire was completed (EDITS); and a nonvalidated two-item questionnaire was given to the partner. Statistical analysis used an ordinal logistic regression model. Two hundred and forty-eight patients (194 with 700CXTM vs 54 with Titan) and 207 couples completed the questionnaire (165 with 700CXTM vs 42 with Titan). Overall satisfaction was high. Both showed great reliability for sexual intercourse and high compliance with prior expectations. Most patients were able to manage the penile prosthesis correctly within 6 months. Postoperative penile shortening led to some dissatisfaction in 42% and 46% of cases (700CXTM /Titan). Significant differences were found in three questions of patients' questionnaire. There were more patients satisfied with the 700CXTM (P = 0.0001). No patient with Titan implant took longer than 6 months to optimal management. Only 4% of patients with 700CXTM implant were dissatisfied with the deflation, in contrast to 24% with the Titan (P = 0.0031). Of the two partners' questions, one showed a statistically significant difference (P = 0.0026). It seems that group 700CXTM would recommend to re-implant the prosthesis with a greater tendency. The overall satisfaction was very high for both prostheses. The final aspect of the erected and flaccid penis was satisfactory, but both groups showed significant discontent with its final size. Partners' overall satisfaction was high.
Use of a lyophilized bovine pericardium graft to repair tunical defect in patients with Peyronie's disease: Experience in a clinical setting.


Many different materials are available for grafting during surgery for Peyronie's disease (PD). To study the outcomes associated with the use of a lyophilized bovine pericardium graft (Peri-Guard) to repair tunical defects in patients with PD, descriptive study of 43 patients with disabling penile curvature was performed. Curvature was measured before and after the intervention using a standardized procedure. Surgical technique was plaque excision and grafting of the tunical defect carried out by a single surgeon. A lyophilized bovine pericardium patch was used for grafting. We measured the change in penile curvature and length, the ability to perform successful sexual intercourse without further pharmacological or surgical treatment, and the satisfaction with treatment. Follow-up data were available for a total of 41 patients. Median age was 50 years (IQR 48-52); mean follow-up time was 14 +/- 6 months. Complete penile straightening was achieved in 33 patients (80.5%) and five patients (12.2%) had curvature under 20 degree. Three months after
surgery and stretching therapy, mean (s.d.) flaccid penile length increased from 11.2 +/- 2.8 cm to 12.1 +/- 2.9 cm (P = 0.062). Seventy-five percentage of patients reported being able to achieve successful intercourse without further treatment. Eighty-five percentage of patients reported to be satisfied with the treatment. There was no evidence of tissue rejection or infection, and only four patients suffered an adverse event. Plaque excision and grafting of the tunical defect with lyophilized bovine pericardium seems to be a safe and effective treatment for patients with PD.

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234.
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A multicenter, open-label, randomized, controlled superiority trial with 18 months of follow-up was conducted to investigate whether oral zinc supplementation could further promote spermatogenesis in males with isolated hypogonadotropic hypogonadism (IHH) receiving sequential purified urinary follicular-stimulating hormone/human chorionic gonadotropin
(uFSH/hCG) replacement. Sixty-seven Chinese male IHH patients were recruited from the Departments of Endocrinology in eight tertiary hospitals and randomly allocated into the sequential uFSH/hCG group (Group A, n = 34) or the sequential uFSH plus zinc supplementation group (Group B, n = 33). In Group A, patients received sequential uFSH (75 U, three times a week every other 3 months) and hCG (2000 U, twice a week) treatments. In Group B, patients received oral zinc supplementation (40 mg day-1 ) in addition to the sequential uFSH/hCG treatment given to patients in Group A. The primary outcome was the proportion of patients with a sperm concentration >1.0 x 106 ml-1 during the 18 months. The comparison of efficacy between Groups A and B was analyzed. Nineteen of 34 (55.9%) patients receiving sequential uFSH/hCG and 20 of 33 (60.6%) patients receiving sequential uFSH/hCG plus zinc supplementation achieved sperm concentrations >1.0 x 106 ml-1 by intention to treat analyses. No differences between Group A and Group B were observed as far as the efficacy of inducing spermatogenesis (P = 0.69). We concluded that the sequential uFSH/hCG plus zinc supplementation regimen had a similar efficacy to the sequential uFSH/hCG treatment alone. The additional improvement of 40 mg day-1 oral zinc supplementation on spermatogenesis and masculinization in male IHH patients is very subtle.

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Biochemical control and toxicity for favorable- and intermediate-risk patients using real-time intraoperative inverse optimization prostate seed implant: Less is more!


Embase
Brachytherapy. 16 (3) (pp 490-496), 2017. Date of Publication: May 2017.

Purpose To report the biochemical control rate and clinical outcomes with real-time inverse planning (inverse optimization prostate seed implant [IO-PSI]) for favorable-risk (FR) and intermediate-risk (IR) prostate adenocarcinoma in a community practice setting. This analysis is an extended followup of our initial report, with favorable early biochemical control rate (biochemical nonevidence of disease) of 97% at 4 years. Methods and Materials Three hundred fifty-seven evaluable patients with FR and IR prostate cancer underwent real-time IO-PSI (iodine-125/145 Gy or palladium-103/120 Gy) between 2001 and 2013. Results With a median followup of 54 months (range, 24-110 months), the absolute biochemical failure free survival of disease was 96%. The 8-year actuarial probability of prostate-specific antigen failure-free survival for FR and IR cohorts was 92.4% and 87%, respectively. Late genitourinary and gastrointestinal toxicity remained low. Late Grade 2 and Grade 3 genitourinary toxicity was 19% and 1%, respectively. Late Grade 2 and 3 rectal bleeding rates were 1% and 0%, respectively. No difference in biochemical control was observed with preimplant short course androgen deprivation or between Gleason score 3 + 4 vs. 4 + 3 patients. No dosimetric parameter was predictive of biochemical failure. Patients with FR had a significantly decreased risk of failure (hazard ratio = 0.26; 95% confidence interval = 0.09-0.78; p = 0.02) compared with those with IR. Patients with a prostate-specific antigen nadir >0.4 ng/mL had an increased risk of failure (hazard ratio = 1.37; 95%
confidence interval = 1.27-1.47; p < 0.0001). Conclusions Our initial biochemical and clinical outcomes using real-time IO-PSI persisted with extended followup and support our original hypothesis for use of a reduced number of sources, needles, and total activity, suggesting that with IO, less is more.

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Apostolidis A., Rantell A., Anding R., Kirschner-Hermanns R., Cardozo L.

Neurourology and Urodynamics. 36 (4) (pp 869-875), 2017. Date of Publication: April 2017.

AN: 615708517
AIM: To discuss available data on the links between LUTD and sexual dysfunction, what is still unknown about the causative effect of disease processes on sexual function (SF), and to suggest proposals for further research. METHODS: At the 2015 International Consultation on Incontinence-Research Society (ICI-RS), a multi-disciplinary group presented a literature search of what is known about the effect of LUTD on SF in men and women. Wider discussions regarding knowledge gaps, and ideal research methodology ensued and are presented.

RESULTS: The underlying mechanisms of the impact of LUTD on SF remain largely unknown. Risk factors for the metabolic syndrome may cause both LUTS and ED in men, and their improvement may improve both conditions. In women, neurovascular changes may be common in LUTD and FSD. Successful LUTS management results in FSD improvement, but the mechanisms are ill understood. Gaps in standardization of sexual dysfunction terminology, variations of assessment, and treatment in clinical practice and research make most studies not comparable. The sensitive knowledge and subjective nature of the problem present challenges and often result in neglecting it. CONCLUSION: Neurovascular and hormonal factors, but also indirect effects may link LUTD to SD in both sexes, but the evidence is not robust and the mechanisms unclear. There is a need for defining the terminology and standardizing outcomes assessed in clinical trials. The multifactorial nature of SF in both sexes makes trial design challenging and "real world" studies may prove more beneficial for patients' outcomes and clinicians' understanding.

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AN: 615708227
Aim: The aim of this paper is to review the literature on the effect of lower urinary tract symptoms (LUTS) on sexual function and dysfunction. Methods: At the International Consultation on Incontinence-Research Society (ICI-RS) in 2015, a multidisciplinary group presented a literature search of what is known about the effect of lower urinary tract dysfunction (LUTD) on sexual function (SF) in men and women. Wider discussions regarding knowledge gaps and ideal research methodology ensued. Results: A body of evidence supports associations between LUTS/urinary incontinence on SF in both men and women, but the true prevalence of the impact of LUTD on SF remains largely unknown. There is still reluctance among health care professionals (HCP's) to discuss SF with patients and often patients who are not asked will not volunteer their problems. Conclusion: A significant knowledge gap in this area remains. Education among HCP's on assessment and treatment of sexual dysfunction and communication skills are essential to encourage, and engage patients with HCP's. Neurourol. Urodynam. 36:949-952, 2017. © 2017 Wiley Periodicals, Inc.
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Lupus nephritis is associated with more corticosteroid-associated organ damage but less corticosteroid non-associated organ damage.

Joo Y.B., Won S., Choi C.-B., Bae S.-C.

Embase

Lupus. 26 (6) (pp 598-605), 2017. Date of Publication: 01 May 2017.

Objective The objective of this study was to investigate the association of lupus nephritis on organ damage and mortality in patients with systemic lupus erythematosus (SLE). Methods A total of 1112 patients with SLE were investigated. Lupus nephritis was defined as a proteinuria based on the 1997 American College of Rheumatology criteria. Damage was assessed using the Systemic Lupus International Collaborating Clinics/American College of Rheumatology Damage Index. The associations of lupus nephritis with overall, non-renal, corticosteroid-associated, and non-associated damage were analyzed using logistic regression. The age-adjusted and sex-adjusted standardized mortality ratio was evaluated in patients with and without lupus nephritis.

Results The prevalence of lupus nephritis in patients with SLE was 46.3%. Patients with lupus nephritis had a higher percentage of overall cumulative damage than patients without lupus nephritis (51.5% vs. 35.7%, p < 0.001). The odds ratio was 1.40 after adjusting for age at SLE diagnosis, sex, disease duration, anti-malarial agents, immunosuppressive agents and cumulative corticosteroid dose. Among non-renal damage, the odds of corticosteroid-associated damage were higher (2.06, 95% confidence interval (CI) 1.43-2.96) whereas the odds of non-associated damage were lower (0.50, 95% CI 0.35-0.75) in patients with lupus nephritis. The standardized mortality ratios of patients with and without lupus nephritis were 5.17 (95% CI 3.49-7.38) and 2.32 (95% CI 1.47-3.48), respectively. Conclusion In patients with SLE, the presence of lupus nephritis is associated with increased corticosteroid-associated damage but less corticosteroid non-associated damage. Also, mortality is significantly higher in patients with lupus nephritis than in those without lupus nephritis.
Effect of Corticosteroids and Cyclophosphamide on Sex Hormone Profiles in Male Patients With Systemic Lupus Erythematosus or Systemic Sclerosis.


Embase
[Article In Press]
AN: 616042802

Objective: Systemic lupus erythematosus (SLE) and systemic sclerosis (SSc) are autoimmune diseases that predominantly affect female patients, and therefore fewer investigations have been conducted in men. The aim of this study was to analyze sex hormone levels in male patients with SLE and those with SSc, compared to matched controls, in relation to the use of corticosteroids and cyclophosphamide (CYC). Methods: Sex hormone levels were measured in fasting blood samples from male patients with SLE (n=71) and those with SSc (n=29) and compared to those population-based, age-matched male controls. Relevant hormone profiles were identified using cluster analysis. Results: Male SLE patients had higher levels of luteinizing hormone (LH) (P<0.0001) and more frequent bioactive testosterone deficiency (P=0.02) than their matched controls. The current dosage of prednisolone correlated inversely with the levels of bioactive testosterone (r=-0.36, P=0.03). Cluster analysis identified a subset of SLE patients with increased
levels of follicle-stimulating hormone, LH, and prolactin as well as lower levels of bioactive testosterone (P<0.0001) in relation to higher daily doses of prednisolone. In male SSc patients, levels of testosterone (P=0.03) and bioactive testosterone (P=0.02) were significantly lower than those in matched controls. Use of CYC during the previous year was associated with lower bioactive testosterone levels in both SLE patients (P=0.02) and SSc patients (P=0.01), after adjustment for age. Conclusion: The results of this study highlight the negative impact of corticosteroids on gonadal function in men with SLE. Furthermore, use of CYC during the year prior to study inclusion impaired bioactive testosterone levels in male patients with either SLE or SSc. Physicians should be more aware of the possibility of hypogonadism in male patients with autoimmune diseases. The need for hormonal supplementation remains to be formally evaluated in these patients.

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Identification of a Syndrome Class of Neuropsychiatric Adverse Reactions to Mefloquine from Latent Class Modeling of FDA Adverse Event Reporting System Data.
Nevin R.L., Leoutsakos J.-M.

Embase
Introduction: Although mefloquine use is known to be associated with a risk of severe neuropsychiatric adverse reactions that are often preceded by prodromal symptoms, specific combinations of neurologic or psychiatric reactions associated with mefloquine use are not well described in the literature. This study sought to identify a distinct neuropsychiatric syndrome class associated with mefloquine use in reports of adverse events. Methods: Latent class modeling of US Food and Drug Administration Adverse Event Reporting System (FAERS) data was performed using indicators defined by the Medical Dictionary for Regulatory Activities neurologic and psychiatric high-level group terms, in a study dataset of FAERS reports (n = 5332) of reactions to common antimalarial drugs. Results: A distinct neuropsychiatric syndrome class was identified that was strongly and significantly associated with reports of mefloquine use (odds ratio = 3.92, 95% confidence interval 2.91-5.28), defined by a very high probability of symptoms of deliria (82.7%) including confusion and disorientation, and a moderate probability of other severe psychiatric and neurologic symptoms including dementia and amnesia (18.6%) and seizures (18.1%). The syndrome class was also associated with symptoms that are considered prodromal including anxiety, depression, sleep disturbance, and abnormal dreams, and neurological symptoms such as dizziness, vertigo, and paresthesias. Conclusions: This study confirms in FAERS reports the existence of a severe mefloquine neuropsychiatric syndrome class associated with common symptoms that may be considered prodromal. Clinical identification of the characteristic symptoms of this syndrome class may aid in improving case finding in pharmacovigilance studies of more serious adverse reactions to the drug. Copyright © 2017, The Author(s).
Waist circumference is superior to weight and BMI in predicting sexual symptoms, voiding symptoms and psychosomatic symptoms in men with hypogonadism and erectile dysfunction. Yassin A.A., Nettleship J.E., Salman M., Almehmadi Y.

Embase
Andrologia. 49 (4) (no pagination), 2017. Article Number: e12634. Date of Publication: 01 May 2017.

[Article]
AN: 611384667

Waist circumference is considered a useful predictor of obesity-associated cardiovascular risk, but its use as an indicator of sexual health status and quality of life (QoL) in hypogonadal men is unknown. We investigated whether three measurements of obesity, weight, body mass index and waist circumference, correlate with the International Index of Erectile Function-5 (IIEF-5), the Aging Males’ Symptoms (AMS) and the International Prostate Symptom Score (IPSS) questionnaires. A total of 261 patients were enrolled in a prospective study on hypogonadism treatment with intramuscular long-acting testosterone undecanoate. Patients with total testosterone <3.5 ng ml⁻¹ were enrolled, and baseline demographic data were recorded. Patient's response to IIEF, IPSS and AMS standardised questionnaires was recorded to evaluate health-related QoL. The mean length of treatment and follow-up was 4.7 years (max 6 years). ANOVA regression analysis showed that waist circumference was significantly inversely proportional to IIEF-5 and directly proportional to AMS and IPSS. Weight was inversely proportional to IIEF and directly proportional to IPSS but not associated with AMS. BMI had no proportionality to measurements of sexual function and quality of life. These results suggest that among weight, BMI and waist circumference, the latter is the best predictor of health-related QoL in men with hypogonadism.

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Testosterone replacement therapy improves health-related quality of life for patients with late-onset hypogonadism: a meta-analysis of randomized controlled trials.


Andrologia. 49 (4) (no pagination), 2017. Article Number: e12630. Date of Publication: 01 May 2017.

Although testosterone replacement therapy can restore serum testosterone concentrations to normal level in late-onset hypogonadism patients, whether it can improve patients' quality of life remains uncertain. Therefore, we perform a meta-analysis of randomized controlled trials on this issue. Five randomized controlled trials total 1,212 patients were included. Fixed-effect model was used to calculate the weighted mean difference of score of Aging Males' Symptom rating scale. Our result reveals that testosterone replacement therapy improves patients' health-related quality of life in terms of the decrease in the AMS total score [WMD = -2.96 (-4.21, -1.71), p < .00001] and the psychological [WMD = -0.89 (-1.41, -0.37), p = .0008], somatic [WMD = -0.89 (-1.41, -0.37), p = .0008] and sexual [WMD = -1.29 (-1.75, -0.83), p < .00001] subscale score.

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243.

Patient-Reported Outcomes After Radiation Therapy in Men With Prostate Cancer: A Systematic Review of Prognostic Tool Accuracy and Validity.


Embase


[Article]

AN: 615824091

Purpose To identify, through a systematic review, all validated tools used for the prediction of patient-reported outcome measures (PROMs) in patients being treated with radiation therapy for prostate cancer, and provide a comparative summary of accuracy and generalizability. Methods and Materials PubMed and EMBASE were searched from July 2007. Title/abstract screening, full text review, and critical appraisal were undertaken by 2 reviewers, whereas data extraction was performed by a single reviewer. Eligible articles had to provide a summary measure of accuracy and undertake internal or external validation. Tools were recommended for clinical implementation if they had been externally validated and found to have accuracy >70%. Results The search strategy identified 3839 potential studies, of which 236 progressed to full text review and 22 were included. From these studies, 50 tools predicted gastrointestinal/rectal symptoms, 29 tools predicted genitourinary symptoms, 4 tools predicted erectile dysfunction, and no tools predicted quality of life. For patients treated with external beam radiation therapy, 3 tools could be
recommended for the prediction of rectal toxicity, gastrointestinal toxicity, and erectile dysfunction. For patients treated with brachytherapy, 2 tools could be recommended for the prediction of urinary retention and erectile dysfunction. Conclusions A large number of tools for the prediction of PROMs in prostate cancer patients treated with radiation therapy have been developed. Only a small minority are accurate and have been shown to be generalizable through external validation. This review provides an accessible catalogue of tools that are ready for clinical implementation as well as which should be prioritized for validation. Copyright © 2017 Elsevier Inc.

Somatic mutations and progressive monosomy modify SAMD9-related phenotypes in humans.
It is well established that somatic genomic changes can influence phenotypes in cancer, but the role of adaptive changes in developmental disorders is less well understood. Here we have used next-generation sequencing approaches to identify de novo heterozygous mutations in sterile alpha motif domain-containing protein 9 (SAMD9, located on chromosome 7q21.2) in 8 children with a multisystem disorder termed MIRAGE syndrome that is characterized by intrauterine growth restriction (IUGR) with gonadal, adrenal, and bone marrow failure, predisposition to infections, and high mortality. These mutations result in gain of function of the growth repressor product SAMD9. Progressive loss of mutated SAMD9 through the development of monosomy 7 (-7), deletions of 7q (7q-), and secondary somatic loss-of-function (nonsense and frameshift) mutations in SAMD9 rescued the growth-restricting effects of mutant SAMD9 proteins in bone marrow and was associated with increased length of survival. However, 2 patients with -7 and 7q-developed myelodysplastic syndrome, most likely due to haploinsufficiency of related 7q21.2 genes. Taken together, these findings provide strong evidence that progressive somatic changes can occur in specific tissues and can subsequently modify disease phenotype and influence survival. Such tissue-specific adaptability may be a more common mechanism modifying the expression of human genetic conditions than is currently recognized.
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Chronic Administration of Tadalafil Improves the Symptoms of Patients with Amicrobic MAGI: An Open Study.

La Vignera S., Condorelli R.A., Mongioi L.M., Calogero A.E.

Embase


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[A]Article

AN: 615615603

Aim of this study was to evaluate the effects of pharmacological treatment with Tadalafil 5 mg daily on symptoms and quality of sperm parameters in selected patients with amicrobic MAGI (male accessory gland inflammation). 120 patients with amicrobic MAGI (mean age 27.0 +/- 6.0 years) with mild-moderate ED (erectile dysfunction) according to IIEF-5 (International Index of Erectile Function 5 Items) scores underwent pharmacological treatment with Tadalafil 5 mg daily for six months. Before and after treatment these patients were evaluated through IIEF-5, semen analysis (according to WHO Criteria, 2010), SI-MAGI (Structured Interview about Male Accessory Gland Inflammation), and ultrasound evaluation. Patients with PVE (prostate-vesicul-epididymitis) showed a significant increase in the percentage of spermatozoa with total (16.0 +/- 8.0 versus 30.0 +/- 6.0%) and progressive motility (8.00 +/- 10.0 versus 25.0 +/- 6.00%). It was a significant reduction of the number of patients with complicated ultrasound forms (30.0 versus 52.0) and a significant increase of the number of patients with uncomplicated ultrasound form (90.0 versus 68.0). Finally, there was a significant reduction in the percentage of patients with alterations of sexual function different from DE, such as premature ejaculation (4.00 versus 8.00%), painful ejaculation (4.00 versus 10.0%), delayed ejaculation (12.50 versus 8.00%), and decreased libido (10.0 versus 25.0%).

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246.
Side effects to antidepressant treatment in patients with depression and comorbid panic disorder.
Shankman S.A., Gorka S.M., Katz A.C., Klein D.N., Markowitz J.C., Arnow B.A., Manber R.,
Rothbaum B.O., Thase M.E., Schatzberg A.F., Keller M.B., Trivedi M.H., Kocsis J.H.
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[Article]
AN: 615857703
Objective: Side effects to antidepressant medication can affect the efficacy of treatment, but few
predictors foretell who experiences side effects and which side effects they experience. This
secondary data analysis examined whether depressed patients with comorbid panic disorder
were more likely to experience side effects than those without panic disorder. The study also
examined whether greater burden of side effects predicted a poorer treatment course for patients
with panic disorder than those without panic disorder. To examine the specificity of these effects,
analyses also examined 2 other anxiety disorders-social phobia and generalized anxiety disorder
(GAD). Methods: Between 2002 and 2006, a large sample (N = 808) of chronically depressed
individuals (assessed usin
g the Structured Clinical Interview for DSM-IV-TR Axis I Disorders [SCID-IV]) received antidepressants according to a predetermined algorithm for 12 weeks. Every
2 weeks, depressive symptoms (per the Hamilton Depression Rating Scale) and side effects
(specific side effects as well as several indicators of side effect burden) were assessed. Results:
Lifetime diagnosis of panic disorder (assessed using the SCIDIV) at baseline was associated with
higher likelihood of gastrointestinal (OR = 1.6 [95% CI, 1.0-2.6]), cardiac (OR = 1.8 [95% CI, 1.1-3.1]),
neurologic (OR = 2.6 [95% CI, 1.6-4.2]), and genitourinary side effects (OR = 3.0 [95% CI, 1.7-5.3]) during treatment. Increases in side effect frequency, intensity, and impairment over time
were more strongly associated with increases in depressive symptoms for patients with panic
disorder compared to those without panic disorder. Neither social phobia nor GAD was
associated with these effects. Conclusions: Potentially due to heightened interoceptive
awareness of changes in their body, chronically depressed individuals with panic disorder may be
at greater risk than those without panic disorder for antidepressant side effects and to experience
a worsening of depressive symptoms as a result of these side effects over time. Copyright © 2016 Physicians Postgraduate Press, Inc.

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247.
Correlates and prevalence of hypogonadism in patients with early- and late-onset type 2 diabetes.
Li Y., Zhang M., Liu X., Cui W., Rampersad S., Li F., Lin Z., Yang P., Li H., Sheng C., Cheng X., Qu S.
This study aims to compare the prevalence of hypogonadism between male patients with early-onset type 2 diabetes mellitus (T2DM) and late-onset type 2 diabetes. A total of 122 male patients with early-onset T2DM (diagnosis age <40 years) and 100 male patients with late-onset T2DM (diagnosis age >40 years) were recruited from our in-patient department between 1 January 2013 and 28 December 2015. Serum FSH, LH, testosterone, lipid profile, uric acid, HbA1c, and beta-cell function were determined in blood samples. The diagnosis of hypogonadism was based on the levels of LH, FSH, and total testosterone. The mean onset age was 29.86 +/- 6.31 and 54.47 +/- 9.97 years old in the early-onset group and late-onset group, respectively. Compared with late-onset T2DM, those with early-onset T2DM had a higher proportion of new-onset diabetes, were more likely to be obese, and had worse glycemic control, lipid control, and lower sex hormone-binding globulin (SHBG). The prevalence of hypogonadism was much higher in the early-onset group than in the late-onset group (48.0% vs. 26.7%, p < 0.05). The rate of secondary hypogonadism in the early-onset group and late-onset group were 44.3% and 25.0%, respectively (p < 0.05). Obesity, waist circumference, and SHBG were significantly associated with serum total testosterone level in all, early-onset, and late-onset T2DM. Both all and early-onset T2DM groups had positive correlations between total testosterone and fasting C-peptide, total cholesterol, triglycerides, and uric acid. Our results indicate that in a population of admission to a large urban hospital in China, the prevalence of hypogonadism was higher in the patients with early-onset T2DM than that of late-onset T2DM. This prevalence might be attributable to greater obesity, worse lipid control, and lower SHBG levels in those patients. Copyright © 2017 American Society of Andrology and European Academy of Andrology.
Proximal Occlusion of Medium-Sized Vessels with the Penumbra Occlusion Device: A Study of Safety and Efficacy.

Jambon E., Petitpierre F., Brizzi V., Dubuisson V., Le Bras Y., Grenier N., Cornelis F.

Embase
[Article]
AN: 613565746
Purpose: To retrospectively investigate the safety and efficacy of hybrid proximal coiling of various medium-sized vessels (4 to 8 mm) using the Penumbra Occlusion Device (POD).

Materials and Methods: From October 2014 to February 2016, 37 proximal embolizations were performed with PODs in 36 patients (mean age: 50.8, range: 10-86; 29 male, 7 female). Vessel occlusions were achieved under fluoroscopic guidance using a 2.7 French microcatheter. Among the 36 vessels targeted, 16 were splenic arteries, 11 renal arteries, 4 mesenteric arteries, 3 arteriovenous fistulae, 1 iliac artery, and 1 gonadal vein. Intermittent follow-up angiography was performed to assess the flow for final occlusion. Outcomes and complications were assessed by clinical and/or imaging follow-up. Results: To produce proximal occlusion of the intended vessels, the POD was used alone in 19 embolizations (51.4 %). In 12 procedures (32.4 %), POD was used as a coil constrainer to secure the coil construct. In 6 procedures (16.2 %), additional embolic devices were used to achieve vessel occlusion after initial POD deployment. After a mean follow-up of 3.2 months, no POD migration was observed but two complications occurred (5.4 %): one post embolic syndrome and one extensive infarction with splenic abscess.


Status EMBASE
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ASCENDE-RT: An Analysis of Treatment-Related Morbidity for a Randomized Trial Comparing a Low-Dose-Rate Brachytherapy Boost with a Dose-Escalated External Beam Boost for High- and Intermediate-Risk Prostate Cancer.

Embase
[Article]
AN: 615604687

Purpose To report the genitourinary (GU) and gastrointestinal (GI) morbidity and erectile dysfunction in a randomized trial comparing 2 methods of dose escalation for high- and intermediate-risk prostate cancer. Methods and Materials ASCENDE-RT (Androgen Suppression Combined with Elective Nodal and Dose Escalated Radiation Therapy) enrolled 398 men, median age 68 years, who were then randomized to either a standard arm that included 12 months of androgen deprivation therapy and pelvic irradiation to 46 Gy followed by a dose-escalated external beam radiation therapy (DE-EBRT) boost to 78 Gy, or an experimental arm that substituted a low-dose-rate prostate brachytherapy (LDR-PB) boost. At clinic visits, investigators recorded GU and GI morbidity and information on urinary continence, catheter use, and erectile function. Exclusion of 15 who received nonprotocol treatment and correction of 14 crossover
events left 195 men who actually received a DE-EBRT boost and 188, an LDR-PB boost. Median follow-up was 6.5 years. Results The LDR-PB boost increased the risk of needing temporary catheterization and/or requiring incontinence pads. At 5 years the cumulative incidence of grade 3 GU events was 18.4% for LDR-PB, versus 5.2% for DE-EBRT (P<.001). Compared with the cumulative incidence, the 5-year prevalence of grade 3 GU morbidity was substantially lower for both arms (8.6% vs 2.2%, P=.058). The 5-year cumulative incidence of grade 3 GI events was 8.1% for LDR-PB, versus 3.2% for DE-EBRT (P=.124). The 5-year prevalence of grade 3 GI toxicity was lower than the cumulative incidence for both arms (1.0% vs 2.2%, respectively). Among men reporting adequate baseline erections, 45% of LDR-PB patients reported similar erectile function at 5 years, versus 37% after DE-EBRT (P=.30). Conclusions The incidence of acute and late GU morbidity was higher after LDR-PB boost, and there was a nonsignificant trend for worse GI morbidity. No differences in the frequency of erectile dysfunction were observed.

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Harmonized reference ranges for circulating testosterone levels in men of four cohort studies in the United States and Europe.


Embase
Journal of Clinical Endocrinology and Metabolism. 102 (4) (pp 1161-1173), 2017. Date of Publication: 01 Apr 2017.

Background: Reference ranges for testosterone are essential for making a diagnosis of hypogonadism in men. Objective: To establish harmonized reference ranges for total testosterone in men that can be applied across laboratories by cross-calibrating assays to a reference method and standard. Population: The 9054 community-dwelling men in cohort studies in the United States and Europe: Framingham Heart Study; European Male Aging Study; Osteoporotic Fractures in Men Study; and Male Sibling Study of Osteoporosis. Methods: Testosterone concentrations in 100 participants in each of the four cohorts were measured using a reference method at Centers for Disease Control and Prevention (CDC). Generalized additive models and Bland-Altman analyses supported the use of normalizing equations for transformation between cohort-specific and CDC values. Normalizing equations, generated using Passing-Bablok regression, were used to generate harmonized values, which were used to derive standardized, age-specific reference ranges. Results: Harmonization procedure reduced intercohort variation between testosterone measurements in men of similar ages. In healthy nonobese men, 19 to 39 years, harmonized 2.5th, 5th, 50th, 95th, and 97.5th percentile values were 264, 303, 531, 852, and 916 ng/dL, respectively. Age-specific harmonized testosterone concentrations in nonobese men were similar across cohorts and greater than in all men. Conclusion: Harmonized normal range in a healthy nonobese population of European and American men, 19 to 39 years, is 264 to 916 ng/dL. A substantial proportion of intercohort variation in testosterone levels is due to assay differences. These data demonstrate the feasibility of generating harmonized reference ranges for testosterone that can be applied to assays, which have been calibrated to a reference method and calibrator. Copyright © 2017 Endocrine Society.
Testosterone replacement therapy: The Emperor's new clothes.
Sansone A., Sansone M., Lenzi A., Romanelli F.

Embase
[Article]
AN: 614486462
The mean age of the world population has steadily increased in the last decades, as a result of increased life expectancy and reduced birth rate. Global aging has led to a greater worldwide cost for healthcare: hormonal alterations contribute to the pathogenesis of several conditions and might cause a significant reduction in the perceived sense of well-being. Menopause is archetypal of hormonal alterations occurring during aging: in males, sex hormones do not decrease abruptly, yet testosterone levels decrease steadily and continuously during aging, ultimately resulting in late-onset hypogonadism. Treatment of this condition might mitigate most symptoms; however, testosterone replacement therapy (TRT) should be prescribed only in selected patients and it should not be considered as an antiaging treatment. In recent years, different authors have questioned health risks associated with testosterone treatment; while position statements from many scientific societies seem to be reassuring, the Food and Drug Administration has issued a warning in regard to the possible side effects of this therapy. We aim to review recent controversies and discoveries in regard to TRT.

PMID

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252.
A multi center comparative study of impulse control disorder in Latin American patients with Parkinson disease.
Gomez C.C.R., Duenas M.S., Bernal O., Araoz N., Farret M.S., Aldinio V., Montilla V., Micheli F.

Embase
Objectives: Impulse control disorder (ICD) is a common adverse effect in patients with Parkinson disease who receive dopamine agonists; however, other factors are involved in its manifestations. To study the frequency and factors involved in the development of this adverse effect in a Latin American population, we conducted a cross-sectional multicenter study. Methods: Two hundred fifty-five patients in 3 Latin American centers were evaluated by examination and application of scales (Unified Parkinson's Disease Rating Scale, Questionnaire for Impulsive-Compulsive Disorders in Parkinson's Disease-Rating Scale, Hoehn and Yahr, Clinical Impression of Severity Index for Parkinson's Disease). Results: Of the patients, 27.4% had ICD, most of whom were on dopamine agonists. Other associated risk factors included a younger age at onset of Parkinson disease, moderate symptoms, a shorter evolution of the clinical manifestations, rapid eye movement (REM) sleep disorder behavior, and the consumption of tea, mate, and alcohol. Conclusions: The frequency of ICD is higher in Latin America than in Anglo-Saxon populations. Consuming tea and mate, in addition to the use of dopamine agonists, is a factor that may demonstrate a genetic link that predisposes patients to the establishment of an ICD. © Copyright 2017 Wolters Kluwer Health, Inc. All rights reserved.
253.
Broad Concepts in Management of Systemic Lupus Erythematosus.
Chowdhary V.R.
Embase
[Article]
AN: 615856280
Systemic lupus erythematosus is a multisystem autoimmune disease with protean manifestation. Although commonly seen in young women, it can affect men as well as elderly patients. Approach to treatment is multidisciplinary, involves defining the extent of organ involvement, and distinguishing between active manifestations and damage. The mainstay of therapy is judicious use of immunosuppressive medications. Long-term follow-up to address morbidity arising from treatment complications, disease damage, and increased cardiovascular risk is essential.
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254.
Dissociation mediates the relationship between sexual abuse and child psychological difficulties.
Ensink K., Berthelot N., Begin M., Maheux J., Normandin L.
Embase
The aim of the present study was to evaluate, using structural equation modeling, a theoretical model in which dissociation is a core process mediating the relationship between childhood sexual abuse (CSA) and internalizing, externalizing, and sexualized behavior difficulties in children. A total of 290 children aged 2-12 participated in this study in Quebec, Canada from 1998 to 2004, including 138 children with histories of CSA and 152 non-abused children. To assess child dissociative symptoms, internalizing and externalizing difficulties, as well as sexualized behavior difficulties, the Child Dissociative Checklist, the Child Behaviour Checklist and the Child Sexualized Behaviour Inventory were completed by parents. Dissociation mediated the relationship between CSA and internalizing, externalizing, and sexualized behavior difficulties, with the model explaining respectively 42.5%, 49.9% and 33.9% of the variance of these difficulties. Findings are consistent with a model where dissociation is a common pathway linking CSA and child psycho-sexual difficulties. Copyright © 2017 Elsevier Ltd

Impairment of sexual life in 3,485 dermatological outpatients from a multicentre study in 13 European countries.
Skin conditions may have a strong impact on patients’ sexual life, and thus influence personal relationships. Sexual issues are difficult to discuss directly in clinical practice, and a mediated instrument may be useful to capture such information. In this study item 9 of the Dermatology Life Quality Index was used to collect information on sexual impact of several skin conditions in 13 European countries. Among 3,485 patients, 23.1% reported sexual problems. The impairment was particularly high in patients with hidradenitis suppurativa, prurigo, blistering disorders, psoriasis, urticaria, eczema, infections of the skin, or pruritus. Sexual impact was strongly associated with depression, anxiety, and suicidal ideation. It was generally more frequent in younger patients and was positively correlated with clinical severity and itch. It is important to address the issue of sexual well-being in the evaluation of patients with skin conditions, since it is often linked to anxiety, depression, and even suicidal ideation. Copyright © 2017 Acta Dermato-Venereologica.
Drug-related problems in patients with erectile dysfunctions and multiple comorbidities.

Huri H.Z., Ling C.F., Razack A.H.A.

Embase

[Article]
AN: 615479552

This study was conducted in a tertiary medical center in Kuala Lumpur, Malaysia. A total of 200 erectile dysfunction (ED) patients with 499 cases who had received pharmacological treatments for their ED participated in this study. Types, causes and factors associated with drug-related problems (DRPs) in ED patients with multiple comorbidities were assessed. A total of 244 DRPs
with an average of 1.2+/−2.1 DRPs per patient were identified. Drug interaction contributed the most to DRPs occurrence. There was a significant higher risk of DRPs in patients with benign prostatic hyperplasia, lower urinary tract infection and elderly and end-stage renal disease. Early identification of types of DRPs and factors associated may enhance their prevention and management. Copyright © 2017 Huri et al.

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Bioequivalence study of a new sildenafil 100 mg orodispersible film compared to the conventional film-coated 100 mg tablet administered to healthy male volunteers.

Radicioni M., Castiglioni C., Giori A., Cupone I., Frangione V., Rovati S.

Embase

[Article]
AN: 615432860

A new orodispersible film formulation of the phosphodiesterase type 5 inhibitor, sildenafil, has been developed to examine the advantages of an orally disintegrating film formulation and provide an alternative to the current marketed products for the treatment of erectile dysfunction. The pharmacokinetics of the sildenafil 100 mg orodispersible film (IBSA) was compared to that of
the conventional marketed 100 mg film-coated tablet (Viagra) after single-dose administration to 53 healthy male volunteers (aged 18-51 years) in a randomized, open, two-way crossover bioequivalence study. Each subject received a single oral dose of 100 mg of sildenafil as test or reference formulation administered under fasting conditions at each of the two study periods according to a randomized crossover design. There was a washout interval of >7 days between the two administrations of the investigational medicinal products. Blood samples for pharmacokinetic analysis were collected up to 24 h post-dosing. The primary objective was to compare the rate (peak plasma concentration; Cmax) and extent (area under the curve [AUC] from administration to last observed concentration time; AUC0-t) of sildenafil absorption after single-dose administration of test and reference. Secondary endpoints were observed to describe the plasma pharmacokinetic profiles of sildenafil and its metabolite N-desmethyl-sildenafil relative bioavailability and safety profile after single-dose administration. The mean sildenafil and N-desmethyl-sildenafil plasma concentration-time profiles up to 24 h after single-dose administration of sildenafil 100 mg orodispersible film and film-coated tablet were nearly superimposable. The bioequivalence test was fully satisfied for sildenafil and N-desmethyl-sildenafil in terms of rate and extent of bioavailability. Adverse events occurred at similar rates for the two formulations and were of mild-to-moderate severity. The results suggest that the new orodispersible film formulation can be used interchangeably with the conventional film-coated formulation.

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Sexual dysfunction before and after coronary artery bypass graft surgery in males.
Mourad F., El Ghanam M., Mostafa A.E., Sabry W., Bastawy M.

Embase
[Article]
AN: 614881251

Background: Decreased sexual activity and function are common in patients with CVD and are often interrelated to anxiety and depression. A vast majority of patients won't be able to resume their normal sexual activity after a cardiac event or procedure. Objective: To evaluate and compare the pattern of sexual dysfunction before and after coronary artery bypass graft surgery in male patients. Methods: The study included all male patients aged less than 60 years, who were candidate for on-pump CABG at Ain Shams University Hospital. Patients underwent the following tests: Structured Clinical Interview for DSM-IV (SCID-I) to exclude psychiatric morbidity affecting the patients' sexual functions. Arabic male version of Sexual behavioral questionnaire (SBQ) for determination of incidence and type of sexual dysfunctions and the Arabic version of Marital Satisfaction Inventory (MSI) which was applied for the patients' wives. Assessment was performed 2 days pre-operatively and 12 weeks after surgery. Results: Compared to the preoperative state, there was a significant deterioration of sexual functions in patients after CABG surgery. Impairment was evident in elements of ejaculation, erection, sexual excitement, and enjoyment and satisfaction items of SBQ (P < 0.0001). Logistic regression analysis was performed to evaluate the predictive factors for sexual dysfunction, which revealed that prolonged CPBT was significantly correlated with the incidence of premature ejaculation (P = 0.04) and the need for re-exploration was significantly correlated with reduced patients' sexual excitement post operatively (P = 0.04). Conclusions: Sexual dysfunction is not uncommon following CABG surgery however, sexual counseling is still not being addressed adequately. Participation in the rehabilitation program is the responsibility of the cardiac surgeons, rehabilitation nurses and the patient's partner. Copyright © 2017, The Egyptian Society of Cardio-thoracic Surgery.
259.

In vitro and in vivo investigation of natural compounds from seed extract of Mucuna pruriens lacking L-DOPA for the treatment of erectile dysfunction.

Duangnin N., Phitak T., Pothacharoen P., Kongtawelert P.

Embase


[Article]

AN: 615032313

Objective To investigate the biological effects of the Mucuna pruriens (M. pruriens) seed extracts that lacked L-DOPA, which was formerly reported as the active ingredient, on erectile dysfunction (ED) both in vitro and in vivo.

Methods Seed of M. pruriens plant that cultivated in Mae Taeng District, Chiang Mai Province, Thailand, was collected. Component of its seeds were extracted and isolated into 2 fractions using methanol, polar and nonpolar. Each fraction was investigated for phytochemicals using gas chromatography and mass spectroscopy and was screened for biological activity in vitro using three different cell lines. The most biological active fraction was used to treat both streptozotocin (STZ)-induced diabetes mellitus-erectile dysfunction (DM-ED) male Wistar rats and normal rats (n = 6 per groups) to compare the effect on sexual behavior parameters, including number of intromission, mounting and ejaculation, with that of rats given Sildenafil by individually pairing with their female counterparts. Penile tissues and serums were collected to determine histological structure, related gene expression and biomolecules. Results The phytochemicals of the polar fraction were possibly catechol and its derivatives plus polyphenols, whereas the nonpolar fraction consisted of lipid derivatives. L-DOPA was not detected in either of the extracts. The polar fraction was able to up-regulate the expression of ED-related genes including eNOS and nNOS in vitro which subsequently promotes nitric oxide production and maintains intracellular cyclic guanosine monophosphate levels. When administrated to DM-ED rats, the polar extract significantly improved all sexual behavior parameters in DM-ED rats compared to untreated group (18.3 +/- 1.8 to 10.8 +/- 2.9 for...
intromission, 9.8 +/- 2.2 to 5.7 +/- 1.3 for mounting, and 1.8 +/- 0.6 to 0.2 +/- 0.4 for ejaculation). That effect might due to the ability of the extract to stimulate the expression of eNOS and nNOS which results in nitric oxide production and subsequently maintains cyclic guanosine monophosphate levels in penile tissue. Moreover, this extract may also prevent penile tissue deterioration due to diabetes. Conclusions The polar extract of M. pruriens seed can be used for ED therapy, especially in patients with metabolic diseases including diabetes. The action of the extract might be due to catechol and its derivatives and polyphenols. Copyright © 2017 Hainan Medical University

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Asian Journal of Andrology. 19 (3) (pp 368-373), 2017. Date of Publication: May-June 2017.

[Article]
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We aimed to determine the impact of metabolic syndrome (MetS) on reproductive function in men with secondary infertility, a condition that has received relatively little attention from researchers. Complete demographic, clinical, and laboratory data from 167 consecutive secondary infertile
men were analyzed. Health-significant comorbidities were scored with the Charlson Comorbidity Index (CCI; categorised 0 vs 1 vs 2 or higher). NCEP-ATP III criteria were used to define MetS. Semen analysis values were assessed based on the 2010 World Health Organization (WHO) reference criteria. Descriptive statistics and logistic regression models tested the association between semen parameters and clinical characteristics and MetS. MetS was found in 20 (12%) of 167 men. Patients with MetS were older (P < 0.001) and had a greater BMI (P < 0.001) compared with those without MetS. MetS patients had lower levels of total testosterone (P = 0.001), sex hormone-binding globulin, inhibin B, and anti-Müllerian hormone (all P < 0.03), and they were hypogonadal at a higher prevalence (P = 0.01) than patients without MetS. Moreover, MetS patients presented lower values of semen volume, sperm concentration, and sperm normal morphology (all P < 0.03). At multivariate logistic regression analysis, no parameters predicted sperm concentration, normal sperm morphology, and total progressive motility. Our data show that almost 1 of 8 White-European men presenting for secondary couple's infertility is diagnosed with MetS. MetS was found to be associated with a higher prevalence of hypogonadism, decreased semen volume, decreased sperm concentration, and normal morphology in a specific cohort of White-European men.

Status
INPROCESS

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Sexual dysfunction in subjects treated with inhibitors of 5alpha-reductase for benign prostatic hyperplasia: A comprehensive review and meta-analysis.

Corona G., Tirabassi G., Santi D., Maseroli E., Gacci M., Dicuio M., Sforza A., Mannucci E., Maggi M.

Embase
[Article In Press]
AN: 615896793

Despite their efficacy in the treatment of benign prostatic hyperplasia, the popularity of inhibitors of 5alpha-reductase (5ARIs) is limited by their association with adverse sexual side effects. The aim of this study was to review and meta-analyze currently available randomized clinical trials evaluating the rate of sexual side effects in men treated with 5ARIs. An extensive Medline Embase and Cochrane search was performed including the following words: 'finasteride', 'dutasteride', 'benign prostatic hyperplasia'. Only placebo-controlled randomized clinical trials evaluating the effect of 5ARI in subjects with benign prostatic hyperplasia were considered. Of 383 retrieved articles, 17 were included in this study. Randomized clinical trials enrolled 24,463 in the active and 22,270 patients in the placebo arms, respectively, with a mean follow-up of 99 weeks and mean age of 64.0 years. No difference was observed between trials using finasteride or dutasteride as the active arm considering age, trial duration, prostate volume or International Prostatic Symptoms Score at enrollment. Overall, 5ARIs determined an increased risk of hypoactive sexual desire [OR = 1.54 (1.29; 1.82); p < 0.0001] and erectile dysfunction [OR = 1.47 (1.29; 1.68); p < 0.0001]. No difference between finasteride and dutasteride regarding the risk of hypoactive sexual desire and erectile dysfunction was observed. Meta-regression analysis showed that the risk of hypoactive sexual desire and erectile dysfunction was higher in subjects with lower Qmax at enrollment and decreased as a function of trial follow-up. Conversely, no effect of age, low urinary tract symptom or prostate volume at enrollment as well as Qmax at endpoint was observed. In conclusion, present data show that the use of 5ARI significantly increases the risk of erectile dysfunction and hypoactive sexual desire in subjects with benign prostatic hyperplasia. Patients should be adequately informed before 5ARIs are prescribed. Copyright © 2017 American Society of Andrology and European Academy of Andrology.

Status
ARTICLE IN PRESS

Institution
Clinical, cultural and psychosocial impediments to self reporting of erectile dysfunction (ED) by men in Edo state, Nigeria.

Irekpita E., Awe O., Salami T., Imomoh P., Oseni T.


[Article In Press]

AN: 615892167

Introduction: Organic ED is presently considered as vasculogenic in the majority of affected middle age and elderly men and a sentinel event for cardiovascular disease. When men present with ED, it is advised that the opportunity should be used to assess their cardiovascular health.

Objective: To determine the impediments to self reporting of ED and to assess the help seeking habits of men in Edo state with regards to ED. The secondary objective is to evaluate how acceptable sexual assessment is to these men when they present. Subjects and methods: This is
a cross sectional study using a multi-facet, questionnaire with a section consisting of the international index of erectile function (IIEF). All men above 30 years who consented were included. Results: The response rate was 71.1%. The mean IIEF score was 20.33 with standard deviation of 4.656. The overall prevalence of ED was 51.2. Three hundred and eight of the respondents (33.3%) did not know where ED is treated, 273 (29.5%) thought that it is treated by complementary and alternative medicine practitioners while 237 (25.6) opted for the hospital as a point of care. This had a statistically significant correlation with location of the respondent (P = 0.000), level of education (P = 0.000) and senatorial zone (P = 0.000). Sexual evaluation was acceptable to 384 (41.5%) respondents when men present without ED and 757 (81.8%) when ED has occurred. This had a statistically significant correlation with level of education (P = 0.000), alcohol consumption (P = 0.000) and senatorial zone (P = 0.000). Conclusions: ED is highly prevalent in this community. Alcohol consumption, low educational level, ignorance of who and where ED is treated, location of respondent (rural) indifference, presence of co-morbidities and tribal beliefs appear to be associated with low self reporting. Affected men are more likely to patronize complementary and alternative medicine (CAM) practitioners than medical practitioners or may be out rightly indifferent. Acceptability of sexual evaluation of men is low when ED is absent and high when it has occurred. Copyright © 2017 Pan African Urological Surgeons Association.


Embase


[Article In Press]

AN: 615890914

Background: In blinded randomised controlled trials, statin therapy has been associated with few adverse events (AEs). By contrast, in observational studies, larger increases in many different AEs have been reported than in blinded trials. Methods: In the Lipid-Lowering Arm of the Anglo-Scandinavian Cardiac Outcomes Trial, patients aged 40-79 years with hypertension, at least three other cardiovascular risk factors, and fasting total cholesterol concentrations of 6.5 mmol/L or lower, and who were not taking a statin or fibrate, had no history of myocardial infarction, and were not being treated for angina were randomly assigned to atorvastatin 10 mg daily or matching placebo in a randomised double-blind placebo-controlled phase. In a subsequent non-randomised non-blind extension phase (initiated because of early termination of the trial because efficacy of atorvastatin was shown), all patients were offered atorvastatin 10 mg daily open label.

We classified AEs using the Medical Dictionary for Regulatory Activities. We blindly adjudicated all reports of four prespecified AEs of interest-muscle-related, erectile dysfunction, sleep disturbance, and cognitive impairment-and analysed all remaining AEs grouped by system organ class. Rates of AEs are given as percentages per annum. Results: The blinded randomised phase was done between February, 1998, and December, 2002; we included 101 801 patients in this analysis (5101 [50%] in the atorvastatin group and 5079 [50%] in the placebo group), with a median follow-up of 3.3 years (IQR 2.7-3.7). The non-blinded non-randomised phase was done between December, 2002, and June, 2005; we included 9899 patients in this analysis (6409 [65%] atorvastatin users and 3490 [35%] non-users), with a median follow-up of 2.3 years (2.2-2.4). During the blinded phase, muscle-related AEs (298 [2.03% per annum] vs 283 [2.00% per annum]; hazard ratio 1.03 [95% CI 0.88-1.21]; p=0.72) and erectile dysfunction (272 [1.86% per annum] vs 302 [2.14% per annum]; 0.88 [0.75-1.04]; p=0.13) were reported at a similar rate by participants randomly assigned to atorvastatin or placebo. The rate of reports of sleep disturbance was significantly lower among participants assigned atorvastatin than assigned placebo (149 [1.00% per annum] vs 210 [1.46% per annum]; 0.69 [0.56-0.85]; p=0.0005). Too few cases of cognitive impairment were reported for a statistically reliable analysis (31 [0.20% per annum] vs 32 [0.22% per annum]; 0.94 [0.57-1.54]; p=0.81). We observed no significant differences in the rates of all other reported AEs, with the exception of an excess of renal and
urinary AEs among patients assigned atorvastatin (481 [1.87%] per annum vs 392 [1.51%] per annum; 1.23 [1.08-1.41]; p=0.002). By contrast, during the non-blinded non-randomised phase, muscle-related AEs were reported at a significantly higher rate by participants taking statins than by those who were not (161 [1.26% per annum] vs 124 [1.00% per annum]; 1.41 [1.10-1.79]; p=0.006). We noted no significant differences between statin users and non-users in the rates of other AEs, with the exception of musculoskeletal and connective tissue disorders (992 [8.69% per annum] vs 831 [7.45% per annum]; 1.17 [1.06-1.29]; p=0.001) and blood and lymphatic system disorders (114 [0.88% per annum] vs 80 [0.64% per annum]; 1.40 [1.04-1.88]; p=0.03), which were reported more commonly by statin users than by non-users. Interpretation: These analyses illustrate the so-called nocebo effect, with an excess rate of muscle-related AE reports only when patients and their doctors were aware that statin therapy was being used and not when its use was blinded. these results will help assure both physicians and patients that most AEs associated with statins are not causally related to use of the drug and should help counter the adverse effect on public health of exaggerated claims about statin-related side-effects. Funding: Pfizer, Servier Research Group, and Leo Laboratories. Copyright © 2017 Elsevier Ltd.
Bone quality in beta-thalassemia intermedia: relationships with bone quantity and endocrine and hematologic variables.

Baldini M., Marcon A., Ulivieri F.M., Seghezzi S., Cassin R., Messina C., Cappellini M.D., Graziadei G.

Embase


[Article]

AN: 615688651

We report the first evaluation of bone quality in 70 thalassemia intermedia (TI) patients (37 males, 33 females, age 41 +/- 12 years). Thirty-three patients (47%) had been transfused, 34 (49%) had been splenectomized, 39 (56%) were on iron chelation therapy, and 11 (16%) were on hydroxyurea. Mean hemoglobin was 9.2 +/- 1.5 g/dl, median ferritin 537 ng/dl (range 14-4893), and mean liver iron concentration 7.6 +/- 6.4 mg Fe/g dw. Fifteen patients (21%) had endocrinopathies, and 29 (41%) had vitamin D deficiency. Bone quantity (bone mineral density, BMD) and bone quality (trabecular bone score, TBS) were evaluated by densitometry. In 53/70 patients (76%), osteopathy was found (osteoporosis in 26/53, osteopenia in 27/53). BMD values were higher in the never-transfused patients and in the not-chelated group. A highly significant correlation was found between splenectomy and BMD at all the sites, with lower values in the splenectomized patients. TBS values were significantly lower in TI patients than in 65 non-thalassemic controls (1.22 vs 1.36, p < 0.01), mainly in those splenectomized and in the transfused and chelated groups (p < 0.01). TBS did not correlate with liver iron concentration values. Our data disclose the major role of non-invasive bone quality evaluation in TI patients, especially those with the worst health state, to obtain a comprehensive assessment of fracture risk. Splenectomy seems to play a major part in bone complications. © 2017, Springer-Verlag Berlin Heidelberg.

Status

EMBASE

Institution

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UO Medicina Interna, Padiglione Granelli, IRCCS Fondazione Ca' Granda Ospedale Maggiore Policlinico, via Francesco Sforza 35, Milan 20122, Italy
Duchenne muscular dystrophy (DMD) is a genetic neuromuscular disease that primarily affects young males. Patients with DMD are unable to produce dystrophin, a crucial protein found in myocytes, leading to a loss of muscle support and integrity. Corticosteroids are the standard supportive treatment for DMD; however, there is a high demand to expand the number of safe, effective pharmacologic options. Recently a surge of new therapeutics for DMD is offering hope to patients. A variety of these new medications, such as stop codon readthrough agents, exon-skipping agents, and utrophin modulators, aim to replace dystrophin in myocytes. Other new therapeutics aim to prevent or repair muscle damage caused by the absence of dystrophin. This review provides an update on the medications being investigated in DMD. Copyright © 2017 Pharmacotherapy Publications, Inc.
BACKGROUND: The relationship between lower urinary tract symptoms (LUTS) and erectile dysfunction (ED) has received increased attention recently. This study aims to evaluate the efficacy of IDIProst Gold, a product containing Serenoa repens, Crocus sativus and Pinus massoniana bark extract (PMBE), in improving sexual function, urinary symptoms and quality of life in patients with concomitant LUTS and ED. METHODS: A total 140 men (mean age 48 years) were enrolled and treated in this study. All patients were administered IDIProst Gold (Crocus sativus, PMBE, Serenoa repens) once daily for three months. At visit (T0) and after ninety days of treatment (T90), the patients were evaluated and asked to complete two self-administered questionnaires: International Prostate Symptoms Score (IPSS), International Index of Erectile Function (IIEF-5). The main outcomes were the improved IIEF-5 and IPSS scores in the 40-60 age group. The secondary outcome was the improved quality of life score among treated patients. RESULTS: The baseline mean scores at T0 were 17.29 and 15.12 for the IPSS and IIEF-5 respectively. After three months of treatment (T90), the questionnaire results were as follows: 10.21 and 20.53 for IPSS and IIEF-5 respectively. Statistically significant differences (P<0.001) were reported between the two visits in terms of IPSS and IIEF-5 for all the groups treated, but particularly the 40-60 age group. There was also a statistically significant
improvement (P<0.001) in quality of life between T0 and T90 (3.82 vs. 1.45). Compliance with the study protocol was 100%. 140 patients were enrolled out of a population of 164. No adverse events were reported. CONCLUSIONS: Treatment once daily with IDIProst Gold (Serenoa repens, Crocus sativus and PMBE) for three months significantly improved sexual function, urinary symptoms and quality of life in patients with concomitant LUTS and ED, especially in the 40-60 age group.

Status
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267.

Efficacy and safety of tadalafil 5 mg once daily in the treatment of lower urinary tract symptoms associated with benign prostatic hyperplasia in men aged >75 years: integrated analyses of pooled data from multinational, randomized, placebo-controlled clinical studies.
Oelke M., Wagg A., Takita Y., Buttner H., Viktrup L.

Embase

[Article]
AN: 614180912

Objective: To assess efficacy and safety of tadalafil in men aged >75 years with lower urinary tract symptoms associated with benign prostatic hyperplasia (LUTS/BPH) and additional safety in men aged >75 years with erectile dysfunction (ED). Patients and Methods: We conducted an integrated analysis of 12 phase II-III randomized, double-blind and/or open-label extension studies to evaluate short-term (12-26 weeks) efficacy and short- and longer-term (42-52 weeks)
safety in men aged <75 years vs men aged >75 years. All men received once-daily tadalafil 5 mg or placebo. The efficacy outcome was International Prostate Symptom Score (IPSS). Safety measurements included treatment-emergent adverse events (TEAEs), adverse events (AEs) leading to discontinuation, serious AEs (SAEs), and cardiovascular AEs. All analyses were intention-to-treat. Changes from baseline to efficacy endpoint and differences in changes between treatment groups were estimated as least-squares means using analysis of covariance models. Results: Change in the mean IPSS was significantly different in men aged <75 years vs those aged >75 years across tadalafil and placebo groups (treatment-by-age interaction P = 0.034). Tadalafil was not statistically significantly better than placebo in men aged >75 years, but effect size varied between studies. Maintenance of efficacy with tadalafil was observed across age groups. Short-term tadalafil safety findings for men aged <75 vs >75 years included: TEAEs (52 [33.8%] vs 503 [30.1%]), AEs leading to discontinuation (3 [1.9%] vs 50 [3.0%]), SAEs (4 [2.6%] vs 15 [0.9%]) and cardiovascular AEs (4 [2.6%] vs 30 [1.8%]). Long-term tadalafil safety data did not reveal clinically relevant differences between age groups. Limitations include exclusion of men with serious co-existing conditions and limited sample sizes of men aged >75 years. Conclusions: Efficacy with once-daily tadalafil 5 mg in the treatment of LUTS/BPH differed between men aged <75 vs >75 years, with significant efficacy in the <75-year age group. The older age group had more concomitant diseases and used more drugs, which may have reduced efficacy. The small sample size precluded uni-/multivariate analyses to assess plausible interference from confounding factors. Tadalafil had a reassuring safety profile and no evidence of increased cardiovascular AEs in aging men. Copyright © 2016 The Authors BJU International © 2016 BJU International Published by John Wiley & Sons Ltd
Male breast cancer (MaBC) is a rare disease, accounting for less than 1% of malignancies in men. For this reason, literature data on its clinicopathological characteristics are very heterogeneous and treatment strategies have mostly been extrapolated from the female counterpart. However, immunohistochemical peculiarities of MaBC have recently emerged, defining it as a distinct entity from female breast cancer (FBC), thus requiring a tailored clinical approach. MaBC appears to be more often hormone receptor positive than FBC, while data on HER2 status still remain inconclusive, indicating a possible higher incidence of HER2 alterations. Treatment strategies for MaBC have evolved and less invasive local treatments such as lumpectomy and sentinel lymph node biopsy have become part of everyday clinical practice, while there are still controversies on the indication of radiotherapy, especially after mastectomy. Similarly, differences between male and female hormonal status have raised some concerns in the use of aromatase inhibitors in male patients and the choice of best endocrine therapy is still controversial.

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Oxidative stress status in congenital hypogonadism: an appraisal.

Haymana C., Aydogdu A., Soykut B., Erdem O., Ibrahimov T., Dinc M., Meric C., Basaran Y., Sonmez A., Azal O.

Embase
Toxicology Mechanisms and Methods. (pp 1-7), 2017. Date of Publication: 02 May 2017.
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Patients with hypogonadism are at increased risk of cardiac and metabolic diseases. However, the pathogenesis of increased cardiometabolic risk in patients with hypogonadism is not clear. Oxidative stress plays an important role in the pathogenesis of cardiometabolic diseases. This study aimed to investigate possible differences in oxidative stress conditions between patients with hypogonadism and healthy controls. In this study, 38 male patients with congenital hypogonadotropic hypogonadism (CHH) (mean age: 21.7 +/- 1.6 years) and 44 healthy male controls (mean age: 22.3 +/- 1.4 years) with almost equal body mass index were enrolled. The demographic parameters, follicle-stimulating hormone (FSH), luteinizing hormone (LH), total and free testosterone, homeostatic model assessment of insulin resistance (HOMA-IR) and oxidative stress parameters, such as superoxide dismutase, catalase (CAT), glutathione peroxidase (GPx) and malondialdehyde (MDA), were compared between both groups. Compared to the healthy controls, triglycerides (p = .02), insulin levels, HOMA-IR values, CAT activities and MDA levels (p < .001 for all) were significantly higher and HDL cholesterol (p = .04), total and free testosterone, FSH, LH levels and GPx activity were significantly lower (p < .001 for all) in patients with CHH. There were significant correlations between total testosterone levels and CAT activity (r = -.33 p = .01), GPx activity (r = .36 p = .007) and MDA (r = -.47 p < .001) levels. The results of this study
showed that young and treatment-naive patients with congenital hypogonadism had an increased status of oxidative stress. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group

ARTICLE IN PRESS

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Oyewole O.O., Ogunlana M.O., Gbiri C.A.O., Oritogun K.S.
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AN: 615878848

Sexual dysfunction is common among individuals who are post-stroke but this rarely attracts attention among clinicians during stroke management. The aim of this study was to assess prevalence of sexual dysfunction among Nigeria stroke survivors and their age and sex matched healthy controls, and determines the correlates of sexual dysfunction among stroke survivors. A comparative cross-sectional study of 121 stroke survivors and sex matched 121 healthy controls completed 14-item Changes in Sexual Functioning Questionnaire. Associated factors with sexual dysfunction were assessed. Male and female stroke survivors of similar age and healthy controls participated in the study. The stroke survivors had significant lower sexual functioning with higher prevalence of sexual dysfunction (84%) compared with healthy controls (35%) and these
remained unchanged when stratified by gender and sexual response cycles. Females had consistent significant higher prevalence of sexual dysfunction than their male counterparts either as a stroke survivor (95 vs. 75%) or a healthy individual (50 vs. 21%). Only increase in age and female gender were significant correlates of sexual dysfunction. Every one-year increase in age has a 6.7% (OR 1.067, CI 1.012-1.125) increase in odds of having sexual dysfunction among stroke survivors. Female stroke survivors compared with male were seven times (OR 6.934, CI 1.645-29.226) more likely to be sexually dysfunctional. In conclusion, the stroke survivors have significant lower sexual functioning and higher sexual dysfunction compared with apparently healthy controls which suggest that stroke impacted sexual functionality in post-stroke individuals. Being a female and/or with increase in age are significant associated factors to low sexual functioning. Copyright © 2017 Springer Science+Business Media New York

ARTICLE IN PRESS

Management Options for Biochemically Recurrent Prostate Cancer.
Fakhrejahani F., Madan R.A., Dahut W.L.
Embase
Prostate cancer is the most common solid tumor malignancy in men worldwide. Treatment with surgery and radiation can be curative in organ-confined disease. Unfortunately, about one third of men develop biochemically recurrent disease based only on rising prostate-specific antigen (PSA) in the absence of visible disease on conventional imaging. For these patients with biochemical recurrent prostate cancer, there is no uniform guideline for subsequent management. Based on available data, it seems prudent that biochemical recurrent prostate cancer should initially be evaluated for salvage radiation or prostatectomy, with curative intent. In selected cases, high-intensity focused ultrasound and cryotherapy may be considered in patients that meet very narrow criteria as defined by non-randomized trials. If salvage options are not practical or unsuccessful, androgen deprivation therapy (ADT) is a standard option for disease control. While some patients prefer ADT to manage the disease immediately, others defer treatment because of the associated toxicity. In the absence of definitive randomized data, patients may be followed using PSA doubling time as a trigger to initiate ADT. Based on retrospective data, a PSA doubling time of less than 3-6 months has been associated with near-term development of metastasis and thus could be used signal to initiate ADT. Once treatment is begun, patients and their providers can choose between an intermittent and continuous ADT strategy. The intermittent approach may limit side effects but in patients with metastatic disease studies could not exclude a 20% greater risk of death. In men with biochemical recurrence, large studies have shown that intermittent therapy is non-inferior to continuous therapy, thus making this a reasonable option. Since biochemically recurrent prostate cancer is defined by technological limitations of radiographic detection, as new imaging (i.e., PSMA) strategies are developed, it may alter how the disease is monitored and perhaps managed. Furthermore, patients have no symptoms related to their disease and thus many prefer options that minimize toxicity. For this reason, herbal agents and immunotherapy are under investigation as potential alternatives to ADT and its accompanying side effects. New therapeutic options combined with improved imaging to evaluate the disease may markedly change how biochemically recurrent prostate cancer is managed in the future.

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Status
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Institution
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Statin, testosterone and phosphodiesterase 5-inhibitor treatments and age related mortality in diabetes.

Hackett G., Jones P.W., Strange R.C., Ramachandran S.

Embase


[Article]

AN: 615270391

AIM To determine how statins, testosterone (T) replacement therapy (TRT) and phosphodiesterase 5-inhibitors (PDE5I) influence age related mortality in diabetic men.

METHODS We studied 857 diabetic men screened for the BLAST study, stratifying them (mean follow-up = 3.8 years) into: (1) Normal T levels/untreated (total T > 12 nmol/L and free T > 0.25 nmol/L), Low T/untreated and Low T/treated; (2) PDE5I/untreated and PDE5I/treated; and (3) statin/untreated and statin/treated groups. The relationship between age and mortality, alone and with T/TRT, statin and PDE5I treatment was studied using logistic regression. Mortality probability and 95%CI were calculated from the above models for each individual. RESULTS Age was associated with mortality (logistic regression, OR = 1.10, 95%CI: 1.08-1.13, P < 0.001). With all factors included, age (OR = 1.08, 95%CI: 1.06-1.11, P < 0.001), Low T/treated (OR = 0.38, 95%CI: 0.15-0.92, P = 0.033), PDE5I/treated (OR = 0.17, 95%CI: 0.053-0.56, P = 0.004) and statin/treated (OR = 0.59, 95%CI: 0.36-0.97, P = 0.038) were associated with lower mortality. Age related mortality was as described by Gompertz, r2 = 0.881 when Ln (mortality) was plotted against age. The probability of mortality and 95%CI (from logistic regression) of individuals, treated/untreated with the drugs, alone and in combination was plotted against age. Overlap of 95%CI lines was evident with statins and TRT. No overlap was evident with PDE5I alone and with statins and TRT, this suggesting a change in the relationship between age and mortality.

CONCLUSION We show that statins, PDE5I and TRT reduce mortality in diabetes. PDE5I, alone
and with the other treatments significantly alter age related mortality in diabetic men. Copyright © The Author(s) 2017. Published by Baishideng Publishing Group Inc.

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273.
The long term outcome of micturition, defecation and sexual function after spinal surgery for cauda equina syndrome.
Korse N.S., Veldman A.B., Peul W.C., Vleggeert-Lankamp C.L.A.
Embase
[Article]
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Background Cauda equina syndrome (CES) is a rare neurologic complication of lumbar herniated disc for which emergency surgical decompression should be undertaken. Despite the common
belief that the restoration of functions that are affected by CES can take several years postoperatively, follow up seldom exceeds the first year after surgery. Long term outcome of especially micturition, defecation and sexual function—which are by definition affected in CES—are unknown. The aim of this study is to evaluate 1) postoperative long term outcome of micturition, defecation and sexual function in CES patients 2) attitude of patients towards received hospital care with regard to (recovery of) these functions. Methods CES patients were selected by screening the records of all patients operated on lumbar herniated disc in our university hospital between 1995-2010. A questionnaire was sent to the selected CES patients evaluating current complaints of micturition, defecation and sexual function and attitude towards delivered care with focus on micturition, defecation and sexual function. Results Thirty-seven of 66 eligible CES patients were included (response rate 71%, inclusion rate 56%). Median time after surgery was 13.8 years (range 5.8-21.8 years). Dysfunction at follow up was highly prevalent: 38% micturition dysfunction, 43% defecation dysfunction and 54% sexual dysfunction. Younger age at presentation was associated with sexual dysfunction at follow up: for every year younger at presentation, odds ratio for sexual dysfunction at follow up was 1.11 (p = 0.035). Other associations with outcome were not identified. Twothird of the CES patients wished their neurosurgeon had given them more prognostic information about micturition, defecation and sexual function. Conclusion The presented data demonstrate that dysfunction of micturition, defecation and sexual function are still highly prevalent in a large number of CES patients even years postoperatively. These alarming follow up data probably have a devastating effect on personal perceived quality of life, which should be studied in more detail. CES patients communicate a clear demand for more prognostic information. The presented figures enable clinicians to inform their CES patients more realistically about long term postoperative outcome of micturition, defecation and sexual function after surgical intervention. Copyright © 2017 Korse et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

PMID

Status
EMBASE
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274.
Embase
Andrology. 5 (3) (pp 445-450), 2017. Date of Publication: May 2017.
[Article]
AN: 615119256
The best surgical approach for varicocoelectomy is still unknown, however more and more physicians favour subinguinal microsurgery. The aim of this study was to find whether microsurgical approach is superior to laparoscopic varicocoelectomy in terms of pregnancy rate, fertility potential, endocrinological function of the testis, erectile dysfunction and testicle volume increase. It was a prospective, non-masked, parallel-group randomized controlled trial with one to one allocation. It was conducted at authors' institution and designed as per protocol study. From 2012 till 2015 84 patients were randomly allocated to two groups. First group consisted of 42 patients who underwent laparoscopic varicocoelectomy, whereas patients from the second group underwent microsurgical varicocoelectomy. The indications for varicocoelectomy consisted of infertility >1 year, palpable left-sided varicocele and at least one impaired semen parameter (sperm concentration <15 mln/mL; total motility<40%; progressive motility <32%, vitality <58% or normal morphology <4%). The primary goal was to show superiority of microsurgical varicocoelectomy over laparoscopic varicocoelectomy in terms of pregnancy rate. The secondary endpoints comprised assessment of sperm parameters in three-month intervals after intervention until one year. Other points included, LH, FSH and testosterone levels as well as testicle volume and International Index of Erectile Function. From each group five patients were lost during the follow-up period. The primary endpoint was not achieved - pregnancy rate in first and second group was 29.7% and 40.5% respectively (p = 0.34). Analysis of the sperm parameters after surgery revealed significant statistical difference in total motility, progressive motility and morphology in favour of microsurgical approach. Both methods showed improvement in all sperm
parameters. There were no differences in hormonal levels as well as in erectile function and testicle volume between groups. Small number of patients in both groups are the main limitation of our study. Copyright © 2017 American Society of Andrology and European Academy of Andrology


The primary indication for varicocele repair in adults, that of failed paternity, must be substituted in the adolescent population with surrogate parameters of testicular size differential and semen analysis. Making recommendations based on these two parameters is incredibly difficult because studies often have contradictory findings, different patient populations, and lack of long-term follow up of the key endpoint, paternity. Therefore, it is not a surprise that recommendations for adolescent varicocele repair are general (with some exceptions) and necessarily so because of limitations in quality of evidence. Apart from pain, all indications for varicocele repair in
adolescence remain controversial. This highlights the most important task for future studies: to prevent pediatric urologists from allowing a potentially damaging process to go untreated, while at the same time avoiding unnecessary intervention on a highly prevalent condition. Copyright © 2017, Springer Science+Business Media New York.

PMID

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276.
Predictors of the multidimensional symptom experience of lung cancer patients receiving chemotherapy.

Embase
Supportive Care in Cancer. 25 (6) (pp 1931-1939), 2017. Date of Publication: 01 Jun 2017.
[Article]
AN: 614339713

Purpose: Few studies have examined interindvidual variability in the symptom experience of lung cancer patients. We aimed to identify the most prevalent, severe, and distressing symptoms, and risk factors associated with increased symptom burden. Methods: Lung cancer patients (n = 145) reported occurrence, severity, and distress for 38 symptoms on the Memorial Symptom
Assessment Scale 1 week after chemotherapy. Using multidimensional subscales, risk factors for higher global distress, physical, and psychological symptoms were evaluated using simultaneous linear regression. Results: Mean age was 64.0 years and 56.6% were female. Mean Karnofsky Performance Status score was 79.1 (SD 14.6) and mean Self-Administered Comorbidity Questionnaire score was 7.3 (SD 3.9). The most distressing and prevalent symptom was fatigue. Problems with sexual interest/activity had the highest mean severity rating. Patients with lower functional status (p = 0.001) and higher comorbidity (p = 0.02) reported higher global distress. Similarly, lower functional status (p = 0.003) and higher comorbidity (p = 0.04) were associated with a higher physical symptom burden along with lower body mass index (p = 0.02). Higher psychology symptom burden was associated with lower functional status (p = 0.01), younger age (p = 0.02), non-metastatic disease (p = 0.03), higher number of prior treatments (p = 0.04), and income (p = 0.03). Conclusions: Fatigue was the most distressing and prevalent symptom among lung cancer patients receiving chemotherapy. Lower functional status was associated with a higher burden of global distress, physical, and psychological symptoms. Younger age and non-metastatic disease were additional risk factors for increased psychological symptoms. Together, these risk factors can help clinicians identify lung cancer patients at increased need for aggressive symptom management. Copyright © 2017, Springer-Verlag Berlin Heidelberg.

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Late outcomes of adult survivors of childhood non-Hodgkin lymphoma: A report from the St. Jude Lifetime Cohort Study.

Embase
Pediatric Blood and Cancer. 64 (6) (no pagination), 2017. Article Number: e26338. Date of Publication: June 2017.

[Article]
AN: 613714135

Background: Survivors of childhood non-Hodgkin lymphoma (NHL) are at increased risk for chronic health conditions. The objective of this study was to characterize health conditions, neurocognitive function, and physical performance among a clinically evaluated cohort of 200 childhood NHL survivors. Method: Chronic health and neurocognitive conditions were graded as per a modified version of the National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE) and impaired physical function defined as performance < 10th percentile of normative data. Multivariable regression was used to investigate associations between sociodemographic characteristics, therapeutic exposures, and outcomes. Results: Survivors were a median age of 10 years (range 1-19) at diagnosis and 34 years (range 20-58) at evaluation. Eighty-eight (44%) received radiation, 46 (23%) cranial radiation, and 69 (35%) high-dose
methotrexate. Most prevalent CTCAE Grades 3-4 (severe life-threatening) conditions were obesity (35%), hypertension (9%), and impairment of executive function (13%), attention (9%), and memory (4%). Many had impaired strength (48%), flexibility (39%), muscular endurance (36%), and mobility (36%). Demographic and treatment-related factors were associated with the development of individual chronic diseases and functional deficits. Conclusions: Clinical evaluation identified a high prevalence of chronic health conditions, neurocognitive deficits, and performance limitations in childhood NHL survivors. Copyright © 2016 Wiley Periodicals, Inc.
Histological features of bone marrow in paediatric patients during the asymptomatic phase of early-stage Black African sickle cell anaemia.
Embase
Pathology. 49 (3) (pp 297-303), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 614544149

Bone marrow histological features of sickle cell anaemia (SCA) patients during early stages and in the asymptomatic phase of the disease appear an interesting area of study, representing early-stage consequences of SCA with a close relation to its pathophysiology. Unfortunately, this field of research has never been specifically addressed before. Bone marrow biopsies from 26 consecutive Black African SCA patients (M:F = 1.6:1; age 2-17 years), free of clinical signs of chronic bone marrow damage, with no recent history of symptomatic vaso-occlusive episodes, and waiting for haematopoietic stem cell transplantation (HSCT), underwent morphological, immunohistochemical and electron microscopy evaluation. Additional comparison with three bone marrow specimens from post-HSCT SCA patients and 10 bone marrow specimens from AS healthy carriers was performed. Bone marrow of SCA patients was normocellular or slightly hypercellular in all cases. Erythroid hyperplasia was a common feature. Myeloid lineage was slightly decreased with normal to slightly diminished neutrophilic granulocytes; CD68 positive monocytic-macrophagic cells appeared slightly increased, with a predominant CD163 positive M2/M(Hb) phenotype. A positive correlation was found between haemoglobin values and number of bone marrow erythroid cells (R2 = 0.15, p = 0.05). Intravascular and interstitial clusters of erythroid sickle cells were found in bone marrow of pre-HSCT homozygous SS SCA patients, as well as heterozygous AS healthy carriers, and the single post-HSCT patient matched to an AS health carrier donor. Copyright © 2017 Royal College of Pathologists of Australasia

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Publisher
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Date Created
The relationship between the second-to-fourth digit ratios and lifelong premature ejaculation: a prospective, comparative study.

Bolat D., Kocabas G.U., Kose T., Degirmenci T., Aydin M.E., Dincel C.


To investigate the relationship between the fetal androgen exposure and lifelong premature ejaculation by using the ratio of the second (index)-to-fourth (ring) digits (2D : 4D) which is the marker for higher prenatal androgen exposure. Totally 65 patients with lifelong premature ejaculation and 65 control cases without any ejaculatory complaints were enrolled in the study. A detailed medical history was obtained and self-estimated intravaginal ejaculatory latency times were recorded. Ejaculation function was evaluated by Premature Ejaculation Diagnostic Tool. The lengths of the second and fourth digits of both hands were measured and 2D : 4Ds were calculated. The mean 2D : 4D values were 0.964 +/- 0.024 vs. 0.978 +/- 0.032 (p = 0.004) for the right hand and 0.966 +/- 0.023 vs. 0.979 +/- 0.032 (p = 0.006) for the left hand in lifelong premature ejaculation and control groups, respectively. Significant correlations were observed between the digit ratios and self-estimated intravaginal ejaculatory latency time (r = 0.258, p = 0.003 for right hand; r = 0.240, p = 0.06 for left hand), and between the digit ratios and total Premature Ejaculation Diagnostic Tool scores (r = -0.263, p = 0.003 for right hand; r = -0.238, p = 0.06 for left hand). Individuals with lower digit ratios have higher risks of shorter intravaginal ejaculatory latency times. These results suggest that increased fetal androgen exposure may be a new risk factor for the development of lifelong premature ejaculation. Copyright © 2017 American Society of Andrology and European Academy of Andrology

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280.
Polish adaptation of sexual addiction screening test-revised.
Embase
Psychiatria Polska. 51 (1) (pp 95-115), 2017. Date of Publication: 2017.
[Article]
AN: 615241517
Introduction. Addictive sexual behaviours are gaining more and more attention from researchers. There are actually 25 different questionnaires for assessing the level of loss of control over sexual behaviours (LoCoSB). None of them have been adapted and validated in a Polish language version. Aim. The main aim of this work was to make such an adaptation of the Sexual Addiction Screening Test-Revised (SAST-R; the most popular and questionnaire). Methods. For the purpose of psychometric features examination and validation of the Polish version of SAST-R (SAST-PL-M), we recruited 116 heterosexual men receiving psychological treatment due to LoCoSB and meeting the criteria for hypersexual disorder. The control group consisted of 442 heterosexual males having never looked for any psychological or psychiatric help due to LoCoSB. Results. SAST-PL-M has high reliability (Cronbach’s alpha = 0.904) and good filtering characteristics for identification of people who are potentially experiencing difficulty with control over sexual behaviours (the ROC curve for a threshold of 5 out of a maximum 20 points is characterised by a sensitivity of 99.1% and a specificity of 78.3%). Conclusions. SAST-PL-M can
be used as an efficient screening test for symptoms of LoCoSB in clinical and research setups. Results below 5 points indicate a high probability of no problems, while more than 5 points can indicate the need for additional clinical interviews. SAST-PL-M results may be successfully referred to the results of SAST-R when used with heterosexual male populations for research purposes.

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2017

Clinical Risk Factors Associated With Urethral Atrophy.

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AN: 614080567

Objective To analyze a series of clinical risk factors associated with pretreatment urethral atrophy. Methods We retrospectively reviewed 301 patients who underwent artificial urinary sphincter (AUS) placement between September 2009 and November 2015; of these, 60 (19.9%) transcorporal cuff patients were excluded. Patients were stratified into 2 groups based on
intraoperative spongiosal circumference measurements. Men with urethral atrophy (3.5cm cuff size) were compared to controls (>4cm cuff size). Chi-square test, Mann-Whitney U test, and logistic regression analyses were performed to determine risk factors for urethral atrophy. Results Among 241 AUS patients analyzed, urethral atrophy was present in 151 patients (62.7%) compared to 90 patients (37.3%) who received larger cuffs (range 4-5.5cm). Patients with urethral atrophy were older (71.1 years vs 68.3 years; P<.02), more likely to have received radiation (52.9% vs. 33.3%; P<.007), and had a longer time interval between prostate cancer treatment and AUS surgery (8.9 years vs. 6.6 years; P<.033). On multivariable analysis, radiation therapy was independently associated with risk of urethral atrophy (odds ratio 1.77, 95% confidence interval: 1.01-3.13; P=.046), whereas greater time between cancer therapy and incontinence surgery approached clinical significance (odds ratio 1.05, 95% confidence interval 1.00-1.09; P=.05). Conclusion History of radiation therapy and increasing length of time from prostate cancer treatment are associated with urethral atrophy before AUS placement. 

AN: 615423899

The association between endothelial dysfunction and late onset hypogonadism (LOH) in patients with vasculogenic erectile dysfunction (ED) is not yet well settled. Our objective was to assess the association between LOH and endothelial dysfunction in patients with vasculogenic ED. Throughout 2014-2015 a total of 90 men were enrolled in this cross-sectional observational study. Of them 60 patients with a clinical diagnosis of ED were further subdivided into two equal groups: patients with vasculogenic ED and LOH (A); patients with vasculogenic ED and euogonadal (B). Thirty age-matched men with no ED or hypogonadism were enrolled as control group (C). All patients were subjected to detailed medical and sexual history, total testosterone (TT), calculated free (FT) and bioavailable testosterone (BT), flow cytometric evaluation for endothelial progenitor cells (EPCs) (CD45negative/CD34positive/CD144positive) and endothelial microparticles (EMPs) (CD45negative/CD144positive/annexin V positive). The mean age +/- SD of the three groups A, B and C were 51.3 +/- 11.1, 53.6 +/- 10.6 and 48.3 +/- 5 years, respectively, with insignificant age differences (p = 0.089). The diagnostic criteria of LOH were adapted according to European male aging study, 2010. The means of TT(ng/mL) were 2.32 +/- 0.21, 6.43 +/- 0.36 and 5.37 +/- 0.30 in groups A, B and C, respectively. There were highly significant differences between group A and groups B and C (p < 0.001 for each). The means of EPCs were 0.43 +/- 0.070, 0.22 +/- 0.05 and 0.032 +/- 0.013 in groups A, B and C, respectively. The means of EMPs were 0.15 +/- 0.029, 0.056 +/- 0.013 and 0.014 +/- 0.002 in groups A, B and C, respectively. There were significant differences between group C and groups A and B (p < 0.05 for each). This study clearly demonstrated that there is a significant association between LOH and the higher expression of EPCs and EMPs in patients with vasculogenic ED. Copyright © 2017 American Society of Andrology and European Academy of Andrology

Recently, the cohort of men from the European Male Ageing Study has been stratified into different categories distinguishing primary, secondary and compensated hypogonadism. A similar classification has not yet been applied to the infertile population. We performed a cross-sectional study enrolling 786 consecutive Caucasian-European infertile men segregated into eugonadal [normal serum total testosterone (>3.03 ng/mL) and normal luteinizing hormone (<9.4 mU/mL)], secondary (low total testosterone, low/normal luteinizing hormone), primary (low total testosterone, elevated luteinizing hormone) and compensated hypogonadism (normal total testosterone; elevated luteinizing hormone). In this cross-sectional study, logistic regression models tested the association between semen parameters, clinical characteristics and the defined gonadal status. Eugonadism, secondary, primary and compensated hypogonadism were found in 80, 15, 2, and 3% of men respectively. Secondary hypogonadal men were at highest risk for obesity [OR (95% CI): 3.48 (1.98-6.01)]. Primary hypogonadal men were those at highest risk for azoospermia [24.54 (6.39-161.39)] and testicular volume <15 mL [12.80 (3.40-83.26)]. Compensated had a similar profile to primary hypogonadal men, while their risk of azoospermia [5.31 (2.25-13.10)] and small testicular volume [8.04 (3.17-24.66)] was lower. The risk of small testicular volume [1.52 (1.01-2.33)] and azoospermia [1.76 (1.09-2.82)] was increased, although in a milder fashion, in secondary hypogonadal men as well. Overall, primary and compensated hypogonadism depicted the worst clinical picture in terms of impaired fertility. Although not specifically designed for infertile men, European Male Ageing Study categories might serve as a clinical stratification tool even in this setting. Copyright © 2017 American Society of Andrology and European Academy of Andrology

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EMBASE
Association between choice of radical prostatectomy, external beam radiotherapy, brachytherapy, or active surveillance and patient-reported quality of life among men with localized prostate cancer.


Embase


[Article]

AN: 615139014

IMPORTANCE Patients diagnosed with localized prostate cancer have to decide among treatment strategies that may differ in their likelihood of adverse effects. OBJECTIVE To compare quality of life (QOL) after radical prostatectomy, external beam radiotherapy, and brachytherapy vs active surveillance. DESIGN, SETTING, AND PARTICIPANTS Population-based prospective cohort of 1141 men (57% participation among eligible men) with newly diagnosed prostate cancer were enrolled from January 2011 through June 2013 in collaboration with the North Carolina Central Cancer Registry. Median time from diagnosis to enrollment was 5 weeks, and all men
were enrolled with written informed consent prior to treatment. Final follow-up date for current analysis was September 9, 2015. EXPOSURES Treatment with radical prostatectomy, external beam radiotherapy, brachytherapy, or active surveillance. MAIN OUTCOMES AND MEASURES Quality of life using the validated instrument Prostate Cancer Symptom Indices was assessed at baseline (pretreatment) and 3, 12, and 24 months after treatment. The instrument contains 4 domains—sexual dysfunction, urinary obstruction and irritation, urinary incontinence, and bowel problems—each scored from 0 (no dysfunction) to 100 (maximum dysfunction). Propensity-weighted mean domain scores were compared between each treatment group vs active surveillance at each time point. RESULTS Of 1141 enrolled men, 314 pursued active surveillance (27.5%), 469 radical prostatectomy (41.1%), 249 external beam radiotherapy (21.8%), and 109 brachytherapy (9.6%). After propensity weighting, median age was 66 to 67 years across groups, and 77% to 80% of participants were white. Across groups, propensity-weighted mean baseline scores were 41.8 to 46.4 for sexual dysfunction, 20.8 to 22.8 for urinary obstruction and irritation, 9.7 to 10.5 for urinary incontinence, and 5.7 to 6.1 for bowel problems. Compared with active surveillance, mean sexual dysfunction scores worsened by 3 months for patients who received radical prostatectomy (36.2 [95%CI, 30.4-42.0]), external beam radiotherapy (13.9 [95%CI, 6.7-21.2]), and brachytherapy (17.1 [95%CI, 7.8-26.6]). Compared with active surveillance at 3 months, worsened urinary incontinence was associated with radical prostatectomy (33.6 [95%CI, 27.8-39.2]); acute worsening of urinary obstruction and irritation with external beam radiotherapy (11.7 [95%CI, 8.7-14.8]) and brachytherapy (20.5 [95%CI, 15.1-25.9]); and worsened bowel symptoms with external beam radiotherapy (4.9 [95%CI, 2.4-7.4]). By 24 months, mean scores between treatment groups vs active surveillance were not significantly different in most domains. CONCLUSIONS AND RELEVANCE In this cohort of men with localized prostate cancer, each treatment strategy was associated with distinct patterns of adverse effects over 2 years. These findings can be used to promote treatment decisions that incorporate individual preferences. Copyright 2017 American Medical Association. All rights reserved.

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285.
Embase
Urology. 103 (pp 27-33), 2017. Date of Publication: May 2017.
[Article]
AN: 614884823
Objective To assess patient knowledge of the symptoms of testosterone deficiency, and the benefits and risks associated with testosterone replacement therapy (TRT). Methods An anonymous, 10-question multiple choice survey was administered to consecutive patients presenting for urologic evaluation at an academic medical center, from December 2015 to April 2016. The survey included questions about perceived symptoms of testosterone deficiency,
perceived benefits and risks associated with TRT, whether respondents had a diagnosis of testosterone deficiency, and whether they were interested in receiving TRT. Results The survey response rate was 88% (97/110). The median age group was 41-50 years. Although 43% of all respondents reported an interest in TRT, only half of them had a clinical diagnosis of hypogonadism. The most commonly reported symptoms of low testosterone were "low energy" (54%), "decreased libido" (51%), "weak erections" (52%), and "decreased strength" (42%). Of the perceived benefits of TRT, the most commonly reported were "improved sexual function" (54%), "increased energy" (53%), and "feeling better" (51%). Half of the respondents were unsure of the risks of TRT. Of the respondents, 16%, 10%, and 8% acknowledged the association between TRT and heart attack, TRT and stroke, and TRT and blood clots, respectively. Conclusion There is disproportionate knowledge about the benefits vs the risks associated with TRT among patients. Although 43% of the respondents were interested in receiving TRT, half of the respondents were unsure of the associated risks. These findings indicate an ongoing need for patient education regarding TRT. Copyright © 2017 Elsevier Inc.

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2017

286.
The elusive MAESTRO gene: Its human reproductive tissue-specific expression pattern.
Embase
The encoded transcript of the Maestro-Male-specific Transcription in the developing Reproductive Organs (MRO) gene exhibits sexual dimorphic expression during murine gonadal development. The gene has no homology to any known gene and its expression pattern, protein function or structure are still unknown. Previously, studying gene expression in human ovarian cumulus cells, we found increased expression of MRO in lean-type Polycystic Ovarian Syndrome (PCOS) subjects, as compared to controls. In this study, we examined the MRO splice variants and protein expression pattern in various human tissues and cells. We found a differential expression pattern of the MRO 5'-UTR region in luteinized granulosacumulus cells and in testicular tissues as compared to non-gonadal tissues. Our study also shows a punctate nuclear expression pattern and disperse cytoplasmic expression pattern of the MRO protein in human granulosacumulus cells and in testicular germ cells, which was later validated by western blotting. The tentative and unique features of the protein hampered our efforts to gain more insight about this elusive protein. A better understanding of the tissue-specific MRO isoforms expression patterns and the unique structure of the protein may provide important insights into the function of this gene and possibly to the pathophysiology of PCOS. Copyright © 2017 Kenigsberg et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

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Publisher
HIV/AIDS knowledge, attitudes and behaviour of persons with and without disabilities from the Uganda Demographic and Health Survey 2011: Differential access to HIV/AIDS information and services.

Abimanyi-Ochom J., Mannan H., Groce N.E., McVeigh J.

Uganda is among the first to use the Washington Group Short Set of Questions on Disability to identify persons with disabilities in its Demographic and Health Survey. In this paper, we review the HIV Knowledge, Attitudes and Behaviour component of the 2011 Ugandan Demographic and Health Survey, analysing a series of questions comparing those with and without disabilities in relation to HIV/AIDS knowledge, attitudes and practices. We found comparable levels of knowledge on HIV/AIDS for those with and those without disabilities in relation to HIV transmission during delivery (93.89%, 93.26%) and through breastfeeding (89.91%, 90.63%), which may reflect increased attention to reaching the community of persons with disabilities. However, several gaps in the knowledge base of persons with disabilities stood out, including misconceptions of risk of HIV infection through mosquito bites and caring for a relative with HIV in own household (34.39%, 29.86%; p<0.001; 91.53%, 89.00%; p = 0.001, respectively). The issue is not just access to appropriate information but also equitable access to HIV/AIDS services and support. Here we found that persons with multiple disabilities were less likely than individuals without disabilities to return to receive results from their most recent HIV test (0.60[0.41+/-0.87], p<0.05). HIV testing means little if people do not return for follow-up to know their HIV status and, if necessary, to be connected to available services and supports. Additional findings of note were that persons with disabilities reported having a first sexual encounter at a slightly younger age.
than peers without disabilities; and persons with disabilities also reported having a sexually transmitted disease (STD) within the last 12 months at significantly higher rates than peers without disabilities (1.38[1.18+/−1.63], p<0.01), despite reporting comparable knowledge of the need for safer sex practices. This analysis is among the first to use HIV/AIDS-related questions from Demographic Health Surveys to provide information about persons with disabilities in Uganda in comparison to those without disabilities. These findings present a more complex and nuanced understanding of persons with disabilities and HIV/AIDS. If persons with disabilities are becoming sexually active earlier, are more likely to have an STD within the preceding 12 month period and are less likely to receive HIV test results, it is important to understand why.

Recommendations are also made for the inclusion of disability measures in Uganda’s AIDS Indicator Survey to provide cyclical and systematic data on disability and HIV/AIDS, including HIV prevalence amongst persons with disabilities. Copyright © 2017 Abimanyi-Ochom et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.


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Year of Publication 2017
Treatment of osteoporosis secondary to hypogonadism in prostate cancer patients: A prospective randomized multicenter international study with denosumab vs. alendronate.

Doria A.C., Mosele G.R., Sollaolla F., Maestretti G., Balsano M., Scarpaa R.M.

Embase
Minerva Urologica e Nefrologica. 69 (3) (pp 271-277), 2017. Date of Publication: 2017.

[Article]
AN: 615774801

BACKGROUND: Osteoporosis is a complication of androgen deprivation therapy (ADT) in men with prostate carcinoma. This is a multicenter, randomized, double-blind prospective study on use of denosumab versus alendronate in the therapy of secondary osteoporosis related to ADT.

METHODS: A total of 234 patients with diagnosis of osteoporosis underwent ADT for prostate cancer were enrolled. Patients were randomly assigned 1:1 to receive denosumab 60 mg subcutaneously every 6 months or alendronate (70 mg/week) for 2 years. All patients received supplemental Vitamin D (600 I U/day) and supplemental calcium to maintain a calcium intake of 1200 mg per day. Effectiveness of therapy in both groups (denosumab group and alendronate group) was assessed by changes in bone turnover markers (BTMs), bone mineral density, fracture incidence, Visual Analogue Scale score for back pain, and Short Form-8 health survey score for health-related quality of life. RESULTS: In the denosumab study group, level of BTMs for bone formation were significantly increased from baseline at all time points during the study (P<0.001); in the alendronate study group level of BTMs for bone formation were increased too (P>0.05). Mean changes in BMD at final follow-up differed significantly between two groups. BMD changes at the lumbar spine at 24 months were 5.6% with denosumab vs. -1.1% with alendronate (P<0.001). CONCLUSIONS: Denosumab and alendronate showed similar clinical efficacy in the therapy of ADT-related osteoporosis in men with prostate carcinoma; both drugs provided significant improvements in back pain and general health conditions. Denosumab showed significant increase of BTMs and BMD than alendronate with lower rate of new vertebral fractures.

Status
INPROCESS

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Erectile Dysfunction Treatment Following Radical Cystoprostatectomy: Analysis of a Nationwide Insurance Claims Database.

Introduction: To improve care for patients after radical cystoprostatectomy (RCP), focus on survivorship issues such as sexual function needs to increase. Previous studies have demonstrated the burden of erectile dysfunction (ED) after RCP to be as high as 89%. Aim: To determine the rates of ED treatment use (phosphodiesterase type 5 inhibitors, injectable therapies, urethral suppositories, vacuum erection devices, and penile prosthetics) in patients with bladder cancer before and after RCP to better understand current patterns of care. Methods: Men with bladder cancer undergoing RCP were identified in the MarketScan database (2010-2014). ED treatment use was assessed at baseline (during the 1 year before RCP) and at 6-month intervals (0-6, 7-12, 13-18, 19-24 months) after RCP. Multivariable logistic regression models were used to identify predictors of ED treatment use at 6-month intervals after RCP.

Outcomes: ED treatment rates and predictors of ED treatment at 0-6, 7-12, 13-18, 19-24 month follow-up after RCP. Results: At baseline, 6.5% of patients (77 of 1,176) used ED treatments. The rates of ED treatment use at 0 to 6, 7 to 12, 13 to 18, and 19 to 24 months after RCP were 15.2%, 12.7%, 8.1%, and 10.1% respectively. Phosphodiesterase type 5 inhibitors were the most commonly used treatment at all time points. In the multivariable model, predictors of ED treatment use at 0 to 6 months after RCP were age younger than 50 years (odds ratio [OR] = 3.17, 95% CI = 1.68-6.01), baseline ED treatment use (OR = 5.75, 95% CI = 3.08-10.72), neoadjuvant chemotherapy (OR = 1.72, 95% CI = 1.13-2.61), and neobladder diversion (OR = 2.40, 95% CI =
Baseline ED treatment use continued to be associated with ED treatment use at 6 to 12 months (OR = 5.63, 95% CI = 2.42-13.10) and 13 to 18 months (OR = 8.99, 95% CI = 3.05-26.51) after RCP. Clinical Implications: While the burden of ED following RCP is known to be high, overall ED treatment rates are low. These findings suggest either ED treatment is low priority for RCP patients or education about potential ED therapies may not be commonly discussed with patients following RCP. Urologists should consider discussing sexual function more frequently with their RCP patients. Strengths & Limitations: Strengths include the use of a national claims database, which allows for longitudinal follow-up and detailed information on prescription medications and devices. Limitations include the lack of pathologic and oncologic outcomes data. Conclusion: ED treatment use after RCP is quite low. The strongest predictor of ED treatment use after RCP was baseline treatment use. These findings suggest ED treatment is a low priority for patients with RCP or education about potential ED therapies might not be commonly discussed with patients after RCP. Urologists should consider discussing sexual function more frequently with their patients undergoing RCP. Chappadi MR, Kates M, Sopko NA, et al. Erectile Dysfunction Treatment Following Radical Cystoprostatectomy: Analysis of a Nationwide Insurance Claims Database. J Sex Med 2017;XX:XXX-XXX. Copyright © 2017.

Influence of equol and resveratrol supplementation on health-related quality of life in menopausal women: A randomized, placebo-controlled study.
Davinelli S., Scapagnini G., Marzatico F., Nobile V., Ferrara N., Corbi G.
Objective This study was designed to evaluate the effects of equol and resveratrol supplementation on health-related quality of life (HRQoL) in otherwise healthy menopausal women with hot flashes, anxiety and depressive symptoms. Methods Sixty recently menopausal women aged 50-55 years were randomized in a 12-week, placebo-controlled trial to receive 200 mg of fermented soy containing 10 mg of equol and 25 mg of resveratrol (1 tablet/day). The primary outcome was the change in score on the Menopause Rating Scale (MRS), used to evaluate the severity of age-/menopause-related complaints. Additional outcome measures included the subject-reported score on the Hamilton Rating Scale for Depression (HAM-D) and Nottingham Health Profile (NHP), which was used specifically to assess sleep quality. Results The symptoms assessed by the MRS improved during treatment in the active group. Comparison between placebo and treatment groups revealed statistically significant improvement in particular for dryness of vagina (-85.7%) (p < 0.001), heart discomfort (-78.8%; p < 0.001) and sexual problems (-73.3%; p < 0.001). On the HAM-D significant improvements at week 12 were seen in work and activities (-94.1%) (p < 0.001). Subjects treated with equol and resveratrol also had significant differences in the sleep domain of the NHP (p < 0.001). Conclusion These findings provide evidence that 12 weeks of dietary supplementation with equol and resveratrol may improve menopause-related quality of life in healthy women. Copyright © 2016


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2017

Embase
[Article]
AN: 612906420

Purpose: Urological and sexual dysfunction are recognised risks of rectal cancer surgery; however, there is limited evidence regarding urogenital function comparing robotic to laparoscopic techniques. The aim of this study was to assess the urogenital functional outcomes of patients undergoing laparoscopic and robotic rectal cancer surgery. Methods: Urological and sexual functions were assessed using gender-specific validated standardised questionnaires. Questionnaires were sent a minimum of 6 months after surgery, and patients were asked to report their urogenital function pre- and post-operatively, allowing changes in urogenital function to be identified. Questionnaires were sent to 158 patients (89 laparoscopy, 69 robotic) of whom 126 (80 %) responded. Seventy-eight (49 male, 29 female) of the responders underwent laparoscopic and 48 (35 male, 13 female) robotic surgery. Results: Male patients in the robotic group deteriorated less across all components of sexual function and in five components of urological function. Composite male urological and sexual function score changes from baseline were better in the robotic cohort (p < 0.001). In females, there was no difference between the two groups in any of the components of urological or sexual function. However, composite female urological function score change from baseline was better in the robotic group (p = 0.003). Conclusion: Robotic rectal cancer surgery might offer better post-operative urological and sexual outcomes compared to laparoscopic surgery in male patients and better urological outcomes in females. Larger scale, prospective randomised control studies including urodynamic assessment of urogenital function are required to validate these results. Copyright © 2016, The Author(s).
Status EMBASE
The role of distress intolerance in the relationship between childhood sexual abuse and problematic alcohol use among Latin American MSM.


Embase
Drug and Alcohol Dependence. 175 (pp 151-156), 2017. Date of Publication: 01 Jun 2017.
[Article]
AN: 615432416

Background Despite the high prevalence of childhood sexual abuse (CSA) among men who have sex with men (MSM) and its well-documented association with substance use in adulthood, little research has examined the psychological mechanisms underlying this association. The current study utilized a large, multinational sample of MSM in Latin America to examine the role of distress intolerance (i.e., decreased capacity to withstand negative psychological states) in the relationship between childhood sexual abuse history and problematic alcohol use. Methods As part of an online survey conducted among members of the largest social/sexual networking website for MSM in Latin America, participants (n = 19,451) completed measures of childhood sexual abuse history, distress intolerance, and problematic alcohol use (CAGE score ≥ 2).
Results Participants who reported a history of childhood sexual abuse indicated higher levels of distress intolerance, which was in turn associated with greater odds of engaging in problematic alcohol use. A mediation analysis further showed that distress intolerance partially accounted for the significant association between childhood sexual abuse history and problematic alcohol use. Conclusion These findings provide initial evidence for the role of distress intolerance as a process through which early trauma shapes MSM health later in life. These findings also underscore the potential utility of addressing distress intolerance in alcohol use prevention and intervention efforts that target MSM with a history of childhood sexual abuse. Copyright © 2017 Elsevier B.V.

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2017
Postpartum dyspareunia and sexual functioning: a prospective cohort study.
Lagaert L., Weyers S., Van Kerrebroeck H., Elaut E.
Embase
[Article In Press]
AN: 615735522

Objectives: Sexual functioning is an important concern for women in the postpartum period. The aim of this research was to investigate the prevalence and determinants of dyspareunia and sexual dysfunction before and after childbirth. Methods: Between November 2013 and April 2014, 109 women in their third trimester of pregnancy were enrolled in a prospective cohort study at Ghent University Hospital. Dyspareunia, sexual functioning and quality of life (QOL) were evaluated at enrolment and again 6 weeks and 6 months postpartum. Sexual functioning and QOL were assessed using validated self-report questionnaires: the Female Sexual Function Index and the Short Form-36 health survey. Dyspareunia was evaluated by a specific self-developed questionnaire. Results: One hundred and nine women were enrolled; respectively, 71 (65.1%), 66 (60.6%) and 64 (58.7%) women returned the questionnaires prepartum, and 6 weeks and 6 months postpartum. Sexual functioning at 6 weeks was predictive of sexual functioning at 6 months postpartum (rs=0.345, p=.015). The prevalence of dyspareunia in the third trimester of pregnancy, and 6 weeks and 6 months postpartum was, respectively, 32.8%, 51.0% and 40.7%. The severity of pain decreased significantly between 6 weeks and 6 months postpartum (p=.003). In the first 6 weeks postpartum, the degree of dyspareunia was significantly associated with breastfeeding (p=.045) and primiparity (p=.020). At 6 months, only the association with primiparity remained significant (p=.022). Conclusions: The impaired postpartum sexual functioning, the high prevalence of dyspareunia postpartum and their impact on QOL indicate the need for further investigation and extensive counselling of pregnant women, especially primiparous women, about sexuality after childbirth. Copyright © 2017 The European Society of Contraception and Reproductive Health Status
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Proximal occlusion of unaffected internal iliac artery versus distal occlusion of aneurysmatic internal iliac artery prior to EVAR: A comparative evaluation of efficacy and clinical outcome.


Embase

[Article]
AN: 615143971

Objective: Occlusion of the internal iliac artery (IIA) may be necessary prior to endovascular aneurysm repair (EVAR) to prevent endoleak Type II. We compared efficacy and clinical outcome after proximal occlusion of an unaffected IIA (ProxEmbx) using an Amplatzer vascular plug (AVP) I vs distal occlusion of aneurysmatic IIA with coils and plugs (DistEmbx). Methods: Between 2009 and 2012, 22 patients underwent EVAR. In 9 patients with unaffected IIA, occlusion was performed by a single AVP. In 13 patients with aneurysmatic IIA, more distal embolization (DistEmbx) was conducted by using several coils and additional AVPs. Retrospectively, technical success, clinical outcome and complications were evaluated. Results: Embolization of the IIA was successful in all patients. Three patients with more DistEmbx of aneurysmatic IIAs suffered from new onset of sexual dysfunction after occlusion without statistically significant difference (p > 0.05). Transient buttock claudication was observed in three patients in each group. Bowel ischaemia did not occur. The procedure time (p = 0.013) and fluoroscopy time (p = 0.038) was significantly lower in the ProxEmbx group than in the DistEmbx group. Conclusion: Proximal occlusion of an unaffected IIA and more distal occlusion of an aneurysmatic IIA prior to EVAR had the same technical and clinical outcome. However, proximal plug embolization of an unaffected IIA prior to EVAR was associated with shorter procedure and fluoroscopy time in comparison with more DistEmbx of aneurysmatic IIAs. Advances in knowledge: Proximal
embolization of unaffected IIA and DistEmbX of aneurysmatic IIA before EVAR are both effective in preventing Type II endoleaks and have the same technical and clinical outcome. Copyright © 2017 The Authors. Published by the British Institute of Radiology.

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2017

295.
Patients' perceptions of the negative effects following different prostate cancer treatments and the impact on psychological well-being: A nationwide survey.
Lehto U.-S., Tenhola H., Taari K., Aromaa A.

Embase

[Article]
AN: 614533197

Background: Although the prognosis of localised prostate cancer is good, the negative effects of prostate cancer treatment often impair patient quality of life. A growing number of men experience these negative effects over a longer time because of the increased incidence of and prolonged survival in prostate cancer, and the ageing of the population. Only a few studies have investigated the adverse effects of different prostate cancer treatments using large population-based samples.

Methods: We conducted a nationwide survey (n=1239) to collect detailed
information regarding the negative effects (i.e., the occurrence, perceived level and perceived bother since the beginning of the treatment) of prostate cancer treatments: radical prostatectomy, external beam radiotherapy, brachytherapy, hormone therapy and surveillance. Furthermore, we measured patient satisfaction with the outcome of the treatment and their psychological well-being (i.e., psychological symptoms and satisfaction with life) 5 years after diagnosis. The negative effects between the treatments were compared, and the determinants of satisfaction and psychological well-being were investigated.

Results: The negative effects of all types of active prostate cancer treatments were common and persistent (33-48% reported symptoms at 5 years) and showed the known differences between the treatments. Prostatectomy and the radiotherapies caused urinary leakage; radiotherapy also caused symptoms of urinary irritation; and external radiation also caused bowel dysfunction. Most symptoms were considered highly bothersome. Most respondents (81-93%) reported that their treatment negatively affected their sex lives; 70-92% reported sexual dysfunction; and 20-58% reported that their sex lives with their spouses had ended. Urinary symptoms were especially associated with poorer psychological outcomes. The perception of symptom level and bother had a greater effect on patient satisfaction and well-being than the symptoms per se.

Conclusion: Multiple and persistent negative effects follow active prostate cancer treatment, and these effects predict long-term patient satisfaction and psychological well-being. The harms and benefits associated with prostate cancer treatments should be considered when selecting whether and how to actively treat prostate cancer. Copyright © 2017 Cancer Research UK. All rights reserved.

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2017
Reduction of calprotectin and phosphate during testosterone therapy in aging men: a randomized controlled trial.

Pedersen L., Christensen L.L., Pedersen S.M., Andersen M.

Objectives: To investigate the effect of testosterone treatment on biomarkers calprotectin, fibroblast growth factor 23 (FGF23), soluble Klotho, phosphate, calcium, parathyroid hormone, creatinine and estimated glomerular filtration rate. Design: Randomized, double-blinded, placebo-controlled study. Setting: Odense Androgen Study-the effect of Testim and training in hypogonadal men. Participants: Men aged 60-78 years old with a low normal concentration of free of bioavailable testosterone <7.3 nmol/L and waist circumference >94 cm recruited from 2008 to 2009 (N = 48) by advertisement. Intervention: Participants were randomized to receive 5-10 g gel/50-100 mg testosterone (Testim, Ipsen, France) or 5-10 g gel/placebo. Results: The plasma levels of calprotectin and phosphate were significantly reduced in the group receiving testosterone therapy (gel) compared to the placebo group (p < 0.05). Testosterone treatment did not have any significant effect on plasma levels of FGF23 or soluble Klotho. The reduction in phosphate levels was inversely associated with bioavailable testosterone. Conclusion: Compared to the placebo group, 6 months of testosterone therapy (gel) reduced calprotectin and phosphate levels suggesting decreased inflammation and decreased cardiovascular risk. Copyright © 2016, Italian Society of Endocrinology (SIE).
297.
Siriwardana A., Thompson J., Stricker P.
Embase
Medicine Today. 18 (3) (pp 28-33), 2017. Date of Publication: March 2017.
[Review]
AN: 615241543
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298.
Erectile dysfunction in patients with nonalcoholic fatty liver disease.
Background and study aims There is a lack of studies on erectile dysfunction (ED) in patients diagnosed with nonalcoholic fatty liver disease (NAFLD). The present study aimed to estimate the prevalence of ED in patients with NAFLD and to determine the independent predictors of ED in these patients. Patients and methods We conducted a prospective, hospital-based study of 192 consecutive male patients with NAFLD. All patients underwent clinical evaluation; abdominal ultrasonography; test for viral hepatitis markers; and estimation of liver chemistry panel, complete blood count, prothrombin time, serum lipids panel, serum testosterone, and fasting serum levels of glucose, insulin, and C-peptide. Results The mean age of the study population was 42.4 +/- 7.7 years (79.1% > 40 years). Of the 192 patients with NAFLD, 88 (45.8%) had ED, 28 (14.6%) had metabolic syndrome, 25 (13%) had type-2 diabetes mellitus (DM), and 131 (68.2%) had insulin resistance (IR). The mean level of serum testosterone was 3.17 +/- 2.94 ng/mL, while the mean insulin resistance index was 2.9 +/- 1.7. Mild ED (38.6%) was the most frequent grade of ED. Age > 40 years (odds ratio [OR] 6.4; 95% confidence interval [CI] 1.7-24.1; p- 0.006), IR (OR 5.9; 95% CI 1.7-20.6; p- 0.005), and low serum testosterone (OR 5.1; 95% CI 1.5-17.1; p- 0.009) were the predictors of ED. Conclusions ED is a common disorder in male patients with NAFLD; both IR and low serum testosterone contribute to its development. Treatment of IR may carry a dual benefit of improving erectile function and decreasing the grade of hepatic steatosis. Copyright © 2017 Pan-Arab Association of Gastroenterology

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Introduction: Obesity is a major health concern in the United States and many developed countries. Among its many deleterious effects are those that can affect the sexual response. Aim: To update and evaluate the state of knowledge on the possible link between obesity and sexual dysfunction. Methods: A comprehensive search and review of biomedical, physiologic, and psychological databases were used to integrate findings on obesity, weight loss, and sexual function. Main Outcome Measures: We briefly explain the two variables of interest—sexual functioning and obesity—indicating possible points of linkage. Then, we attempt to (i) describe possible direct links between obesity and sexual dysfunction; (ii) understand potential mediating biological, comorbid, and psychological factors and the interactions among such factors; (iii) discern differences in the mechanism and impact of obesity across the sexes; and (iv) review evidence suggesting that weight loss improves sexual functioning in obese individuals. Results: The link between obesity and sexual function is complex and multivariate, with at least three different pathways likely: direct effects from adipose tissue; effects from pathophysiologic comorbidities; and effects mediated by psychological factors. In addition, effects and pathways appear to be different for men and women. Conclusion: We conclude by identifying some existing challenges for the study of obesity and sexual function, specify areas that warrant further investigation, and reiterate the potential value of encouraging obese patients to consider weight loss as a path toward a healthier and more sexually satisfying life. Rowland DL, McNabney SM, Mann AR. Sexual Function, Obesity, and Weight Loss in Men and Women. Sex Med Rev 2017;X:XXX-XXX. Copyright © 2017 International Society for Sexual Medicine.
300.
Ethnicity and age as factors in sildenafil treatment of erectile dysfunction.
Ohl D.A., Stecher V., Tseng L.-J.
Embase
[Article In Press]
AN: 615708488
Introduction: Sildenafil has been evaluated in >16 000 men with erectile dysfunction (ED) in
double-blind, placebo-controlled trials. Aim: To assess efficacy and safety of sildenafil in ED by
ethnicity (white, black Asian) and age (<45, 46-60, >61 years). Methods: Data were pooled from
38 double-blind, placebo-controlled, flexible-dose trials. Most had starting sildenafil doses of 50
mg once daily, ~1 hour before sexual activity, with adjustment to 100 or 25 mg as needed. Main
Outcome Measures: Change from baseline in International Index of Erectile Function erectile
function (IIEF-EF) domain score assessed with analysis of covariance and a Global Assessment
Question (GAQ; "Did the treatment improve your erections?") at endpoint assessed with logistic
regression analysis. Results: 4120 and 3714 men received sildenafil and placebo, respectively
(2740 and 2671 White; 407 and 385 Black; 973 and 658 Asian). For sildenafil vs. placebo groups,
overall treatment differences for IIEF-EF domain and GAQ were significant for each ethnic and
age group (P<.0001); significant treatment-by-ethnicity and treatment-by-age interactions were
also observed for change in IIEF-EF domain scores (P<.05), with differences significantly greater
for White vs. Black (P<.0001), White vs. Asian (P=.0163), and Asian vs. Black (P=.0036) men. A
significant treatment-by-ethnicity interaction was observed for GAQ (P=.0004). The OR
comparison for GAQ was significantly greater (P=.0001) with sildenafil vs. placebo in White
(OR=11.2) or Asian (OR=12.4) men vs. Black men (OR=5.1). Adverse-event rates were generally similar, with some age variations. Conclusions: Sildenafil is effective and well-tolerated regardless of ethnicity or age; however, treatment effects can vary. Copyright © 2017 John Wiley & Sons Ltd.


Objective This double-blind, placebo-controlled phase 3 study was designed to compare efficacy and safety of abiraterone acetate + prednisone (abiraterone) to prednisone alone in chemotherapy-naive, asymptomatic or mildly symptomatic metastatic castration-resistant prostate cancer (mCRPC) patients from China, Malaysia, Thailand and Russia. Methods Adult chemotherapy-naive patients with confirmed prostate adenocarcinoma, Eastern Cooperative Oncology Group (ECOG) performance status (PS) grade 0-1, ongoing androgen deprivation (serum testosterone <50 ng/dL) with prostate specific antigen (PSA) or radiographic progression were randomized to receive abiraterone acetate (1000 mg, QD) + prednisone (5 mg, BID) or
placebo + prednisone (5 mg, BID), until disease progression, unacceptable toxicity or consent withdrawal. Primary endpoint was improvements in time to PSA progression (TTPP). Results Totally, 313 patients were randomized (abiraterone: n = 157; prednisone: n = 156); and baseline characteristics were balanced. At clinical cut-off (median follow-up time: 3.9 months), 80% patients received treatment (abiraterone: n = 138, prednisone: n = 112). Median time to PSA progression was not reached with abiraterone versus 3.8 months for prednisone, attaining 58% reduction in PSA progression risk (HR = 0.418; p < 0.0001). Abiraterone-treated patients had higher confirmed PSA response rate (50% vs. 21%; relative odds = 2.4; p < 0.0001) and were 5 times more likely to achieve radiographic response than prednisone-treated patients (22.9% vs. 4.8%, p = 0.0369). Median survival was not reached. Most common (>10% abiraterone vs. prednisone-treated) adverse events: bone pain (7% vs. 14%), pain in extremity (6% vs. 12%), arthralgia (10% vs. 8%), back pain (7% vs. 11%), and hypertension (15% vs. 14%). Conclusion Interim analysis confirmed favorable benefit-to-risk ratio of abiraterone in chemotherapy-naive men with mCRPC, consistent with global study, thus supporting use of abiraterone in this patient population. Copyright © 2017 Editorial Office of Asian Journal of Urology

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A sex-specific dose-response curve for testosterone: Could excessive testosterone limit sexual interaction in women?.

Krapf J.M., Simon J.A.

Embase

[Conference Paper]
AN: 614824292

Testosterone treatment increases sexual desire and well-being in women with hypoactive sexual desire disorder; however, many studies have shown only modest benefits limited to moderate doses. Unlike men, available data indicate women show a bell-shaped dose-response curve for testosterone, wherein a threshold dosage of testosterone leads to desirable sexual function effects, but exceeding this threshold results in a lack of further positive sexual effects or may have a negative impact. Emotional and physical side-effects of excess testosterone, including aggression and virilization, may counteract the modest benefits on sexual interaction, providing a possible explanation for a threshold dose of testosterone in women. In this commentary, we will review and critically analyze data supporting a curvilinear dose-response relationship between testosterone treatment and sexual activity in women with low libido, and also explore possible explanations for this observed relationship. Understanding optimal dosing of testosterone unique to women may bring us one step closer to overcoming regulatory barriers in treating female sexual dysfunction. Copyright © 2017 by The North American Menopause Society.
The role of tunica vaginalis flap in staged repair of hypospadias.
Kadian Y.S., Singh M., Rattan K.N.

Embase

[Article]
AN: 614252200

Objective The surgical repair of hypospadias is done in two stages in a select group of patients with severe anomaly. The first stage (I) procedure consists of correction of penile shaft curvature and second stage (II) repair involves the creation of a neourethra. This neourethra needs a cover of an intermediate layer in order to have good functional and cosmetic results. Among the various local flaps, tunica vaginalis flap is a good option for the use as an intermediate layer. Methods We have managed 22 patients of chordee with hypospadias by staged repair. In Stage I, chordee correction was done by dividing the urethral plate and covering the penile shaft with dorsal prepucial flaps. In Stage II, a neourethra was created and covered with tunica vaginalis flap either through the same incision (14/22) or via a subcutaneous tunnel (8/22). An indwelling catheter was kept for 10 to 12 days. Results Eighteen (81.8%) patients had successful functional and cosmetic repair. Two patients (9.1%) had urethrocutaneous fistula of which one healed on subsequent dilatation while the other one (4.5%) needed repair. Overall fistula formation rate was 4.5%. In
two patients, the external urinary meatus could be made up to subglanular or coronal level. Conclusion Staged repair of chordee with hypospadias is valuable in selected group of patients and tunica vaginalis flap is an excellent intermediate layer to cover the neourethra. However preoperative counseling is particularly essential in patients where the external urinary meatus can be created at coronal or subglanular level. Copyright © 2017 Editorial Office of Asian Journal of Urology

304.
Effect of triclosan on anuran development and growth in a larval amphibian growth and development assay.
Fort D.J., Mathis M.B., Pawlowski S., Wolf J.C., Peter R., Champ S.
Embase
[Article In Press]
AN: 615677115
A larval amphibian growth and development assay was performed to evaluate the potential effects of environmentally-relevant concentrations of triclosan (TCS) on amphibian development and growth. *Xenopus laevis* were exposed to TCS 0.0 (control), 6.3, 12.5 and 25.0 μg l⁻¹ (estimated maximum tolerable concentration) until 10 weeks post-metamorphosis. At median metamorphosis time (Nieuwkoop and Faber stage 62), five larvae per replicate were collected for snout-vent length, hind limb length and body weight measurements, and histopathological
examination of thyroid glands. Endpoints evaluated at test termination were based on draft
guidance (USEPA, ) and included: survival; snout-vent length; body weight; gender; nuptial pad
development (males); and liver, kidney, gonad and gonadal ducts histopathology. Exposure to
TCS did not decrease survival, induce general signs of toxicity, affect median metamorphosis
time or alter sex ratios. Exposure to TCS 12.5 and 25 mug l-1 increased growth during the
metamorphic stages relative to the control, but did not influence growth during the post-
metamorphic phase. Overall, several statistically significant findings were found in larvae exposed
to TCS, such as a decrease in the prevalence of stage 3 Mullerian ducts in the anterior trunk
sections of TCS 25.0 mug l-1 dose group females as compared to controls; most were not
considered toxicologically relevant. Copyright © 2017 John Wiley & Sons, Ltd.

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305.
Collagenase Clostridium Histolyticum in the Treatment of Urologic Disease: Current and Future
Impact.
Gabrielson A.T., Spitz J.T., Hellstrom W.J.G.
Embase
[Article In Press]
AN: 615675410
Introduction: Peyronie's disease (PD) is a connective tissue disorder resulting in the abnormal accumulation of type I to III collagen, fibrin, and disorganized elastic fibers in the tunica albuginea of the penis. Many medical and non-pharmacologic modalities have been used in the treatment of PD; however, these approaches have proved largely ineffective, with surgery being the only definitive treatment. Intralesional injection of collagenase Clostridium histolyticum (CCH) has recently become the gold standard for minimally invasive treatment of PD, and studies have suggested the role of CCH could expand to the treatment of other urologic conditions such as urethral stricture disease. Aim: To provide an update on available data on the use of CCH in the treatment of PD and other urologic conditions. Methods: Comprehensive review of recent clinical trials and in vivo studies that examined the safety and efficacy of CCH in urologic disease. Main Outcome Measures: Assessing the efficacy of CCH in the management of PD as determined by improvement in the severity of penile fibrosis, curvature deformity, and pain. Results: Several well-designed clinical trials have demonstrated the efficacy and tolerability of CCH in the treatment of PD. CCH has demonstrated significant decreases in penile curvature and plaque consistency and improvements in patient satisfaction. Treatment durability and long-term adverse effects are still being assessed; however, outcomes of PD management with CCH continue to replicate the results obtained during the IMPRESS clinical trials. Preliminary studies support the premise that CCH can modify disease progression in patients with acute-phase PD. Furthermore, one in vivo study showed that CCH also could be applied to urethral stricture disease without serious adverse complications. Conclusion: CCH continues to be the mainstay for non-surgical management of stable-phase PD. However, its role in the treatment of acute-phase PD, PD with ventral plaques, and urethral stricture disease could expand in the coming years. Gabrielson AT, Spitz JT, Hellstrom WJG. Collagenase Clostridium Histolyticum in the Treatment of Urologic Disease: Current and Future Impact. Sex Med Rev 2017;X:XXX-XXX. Copyright © 2017 International Society for Sexual Medicine.

Bone Marrow Transplantation. 52 (4) (pp 600-605), 2017. Date of Publication: 01 Apr 2017. [Article]

AN: 614021290

The aim of this study was to analyze the prevalence of frailty and physical health limitations among long-term survivors of high-risk neuroblastoma (HR NBL) and to investigate whether frail health is associated with variables of cardiovascular function, markers of inflammation and telomere length. A national study cohort of 19 (median age 22, range 16-30 years) long-term (>10 years) HR NBL survivors was studied and the findings were compared with 20 age- and sex-matched controls. Frailty was defined as >3 of the following conditions: low muscle mass, low energy expenditure, slow running and weakness. The prevalence of frailty was significantly higher among the HR NBL survivors 9/19 (47%) than among the controls (0%). Thirteen (68%) of the survivors reported significant physical health limitations in vigorous activities, as opposed to none of the controls. The HR NBL survivors had significantly shorter telomere length and higher serum levels of high sensitivity C-reactive protein than did the controls. Frail health and poor physical functioning are prevalent among HR NBL survivors and suggest premature aging. Survivors with gonadal damage, very low fat mass percentage, low glycosylated hemoglobin A1c and increased common carotid artery intima-media thickness may be more prone to early aging after high dose therapy.

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Sexual problems in male vs. female non-Hodgkin lymphoma survivors: prevalence, correlates, and associations with health-related quality of life.


Embase


[Article]

AN: 614367883

The objective of this study was to examine the prevalence and factors associated with sexual problems and their relationship to health-related quality of life (HRQOL) in male and female non-Hodgkin lymphoma (NHL) survivors. In this cross-sectional study, 738 NHL survivors (425 men and 313 women; mean time since diagnosis, 6.2 years) in South Korea completed the six-item instrument of adult sexual behavior used by the National Health and Social Life Survey in the United States. HRQOL was measured by two subscales of the EORTC QLQ-C30. Sexual problems were reported by a greater proportion of women (range, 31.9 to 64.4%) than men (range, 23.3 to 49.1%). Among four items common to both sexes, three (lacking interest in sex, unable to achieve orgasm, sex not pleasurable) were significantly more prevalent in women. Significant factors associated with multiple sexual problems in men were older age and being unemployed; in women, they were marital status and comorbidity. Lastly, more significant associations between sexual problems and HRQOL were observed in men than in women. Male and female NHL survivors differ in the prevalence of sexual problems and the factors associated with them as well as their associations with HRQOL. These findings can be used to develop sex-specific interventions to improve sexual function in this population. Copyright © 2017, Springer-Verlag Berlin Heidelberg.
Does the degree of endocrine dyscrasia post-reproduction dictate post-reproductive lifespan? Lessons from semelparous and iteroparous species.

Atwood C.S., Hayashi K., Meethal S.V., Gonzales T., Bowen R.L.

Embase


[Article]

AN: 615244635

Post-reproductive lifespan varies greatly among species; human post-reproductive lifespan comprises ~30-50% of their total longevity, while semelparous salmon and dasyurid marsupials
post-reproductive lifespan comprises <4% of their total longevity. To examine if the magnitude of hypothalamic-pituitary-gonadal (HPG) axis dyscrasia at the time of reproductive senescence determines post-reproductive lifespan, we examined the difference between pre- and post-reproductive (1) circulating sex hormones and (2) the ratio of sex steroids to gonadotropins (e.g., 17beta-estradiol/follicle-stimulating hormone (FSH)), an index of the dysregulation of the HPG axis and the level of dyotic (death) signaling post-reproduction. Animals with a shorter post-reproductive lifespan (<4% total longevity) had a more marked decline in circulating sex steroids and corresponding elevation in gonadotropins compared to animals with a longer post-reproductive lifespan (30-60% total longevity). In semelparous female salmon of short post-reproductive lifespan (1%), these divergent changes in circulating hormone concentration post-reproduction equated to a 711-fold decrease in the ratio of 17beta-estradiol/FSH between the reproductive and post-reproductive periods. In contrast, the decrease in the ratio of 17beta-estradiol/FSH in iteroparous female mammals with long post-reproductive lifespan was significantly less (1.7-34-fold) post-reproduction. Likewise, in male semelparous salmon, the decrease in the ratio of testosterone/FSH (82-fold) was considerably larger than for iteroparous species (1.3-11-fold). These results suggest that (1) organisms with greater reproductive endocrine dyscrasia more rapidly undergo senescence and die, and (2) the contribution post-reproduction by non-gonadal (and perhaps gonadal) tissues to circulating sex hormones dictates post-reproductive tissue health and longevity. In this way, reproduction and longevity are coupled, with the degree of non-gonadal tissue hormone production dictating the rate of somatic tissue demise post-reproduction and the differences in post-reproductive lifespans between species.

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High Chance of Late Recovery of Urinary and Erectile Function Beyond 12 Months After Radical Prostatectomy.


Embase
European Urology. 71 (6) (pp 848-850), 2017. Date of Publication: June 2017.
[Article]
AN: 613576003

Urinary incontinence (UI) and erectile dysfunction (ED) after radical prostatectomy (RP) can impose a strong burden. While most studies focus on certain time points after RP when analyzing functional outcome, there is paucity of evidence on late functional recovery in patients with UI or ED at 12 mo after RP. Using longitudinal patient data from a large European single-center, we show that the chance of regaining continence among patients (n = 974) with UI (>1 pad/24 h) at 12 mo after RP was 38.6% after 24 mo and 49.7% after 36 mo. The corresponding rates for patients (n = 1115) with ED (defined as International Index of Erectile Function-5 score <18) at 12 mo after RP were 30.8% at 24 mo and 36.5% at 36 mo after RP. Patients with postoperative UI or ED 12 mo after RP should be counseled about their good chance of achieving continence or potency in the course of time. Patient summary We analyzed the probability of functional recovery among patients with urinary incontinence (UI) and erectile dysfunction (ED) 12 mo after radical prostatectomy. We found that up to 49.7% (36.5%) of patients with UI (ED) regain function within the next 24 mo and should be informed about these encouraging numbers. Copyright © 2016 European Association of Urology

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Endocrine Long-Term Follow-Up of Children with Neurofibromatosis Type 1 and Optic Pathway Glioma.
Sani I., Albanese A.
Embase
Hormone Research in Paediatrics. 87 (3) (pp 179-188), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 615579137
Background/Aims: Children with optic pathway glioma (OPG) face sequelae related to tumour location and treatment modalities. We aimed to assess the prevalence of hypothalamic-pituitary dysfunctions in children with neurofibromatosis type 1 (NF1) and OPG who did not receive radiotherapy or surgical resection. The causative role of tumour location on endocrinopathy development is investigated. Methods: A retrospective follow-up study of 40 children with NF1 and OPG evaluated between August 1996 and May 2015 was undertaken. Patients who underwent radiotherapy or surgical resection were excluded and 36 patients were studied. Tumour location was classified according to the Dodge criteria: stage I, optic nerve alone; stage II, optic chiasm with or without optic nerve involvement; and stage III, involvement of the hypothalamus or other adjacent structures. Results: Endocrinopathies were diagnosed in 20/36 (55.6%) children during a mean follow-up of 9.1 (0.2-13.6) years: 0/4 OPGs were Dodge stage I, 12/21 (57.1%) stage II, and 8/11 (72.7%) stage III. The first endocrinopathy was found at a mean age of 7.4 (5.0-13.2) years, 2.4 (0-6.7) years after tumour diagnosis. We found growth hormone deficiency (GHD; 36.1%), central precocious puberty (33.3%), obesity with insulin resistance/impaired glucose tolerance (11.1%), early puberty (5.5%), GH excess (5.5%), ACTH deficiency (5.5%), hypogonadotropic hypogonadism (2.7%), and thyrotropin deficiency (2.7%). GHD was transient in all of those who were retested. Conclusion: This population is at high risk of
endocrinopathies due to tumour location. Lifelong endocrine follow-up is recommended. © 2017
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311.
Possible role of serum testosterone, gonadotropins and prolactin in patients with premature
ejaculation.
Abu El-Hamd M., Farah A.
Embase
[Article In Press]
AN: 615647389
Premature ejaculation (PE) is the most common male sexual dysfunction. This study aimed to
investigate the role of serum testosterone, gonadotropins and prolactin in patients with PE. In a
prospective a case-controlled study, it was conducted on 90 male patients with PE and 90 male
healthy participants as controls. Patients were evaluated by Premature Ejaculation Diagnostic
Tool (PEDT) and intravaginal ejaculatory latency time (IELT). Patients with mean IELT values
<60 s and PEDT total scores >11 were considered to have PE. Serum levels of total testosterone
(TT), free testosterone (FT), follicle-stimulating hormone (FSH), luteinising hormone (LH) and
prolactin (PL) were investigated in patients with PE and controls. There was no statistically
significant difference between patients with PE and controls regarding the serum levels of TT, FT,
FSH, LH and PL (p value >.05). There was no significant correlation between the sex hormones
levels (TT, FT, FSH, LH and PL) and (age, body mass index (BMI), IELTS and total PEDT scores of the patients; p value >.05). This study concluded that there was no disturbance in serum levels of testosterone, gonadotropins and prolactin in patients with PE and controls. These hormones could not relate to pathogenesis of PE. Copyright © 2017 Blackwell Verlag GmbH.

312.
Prevalence and impact of pelvic floor dysfunction in an adult cystic fibrosis population: a questionnaire survey.
Chambers R., Lucht A., Reihill A., Hough J.
Embase
International Urogynecology Journal. 28 (4) (pp 591-604), 2017. Date of Publication: 01 Apr 2017. [Article]
AN: 612732309
Introduction and Hypothesis: Pelvic floor (PF) dysfunction in patients with cystic fibrosis (CF) is poorly understood due to lack of research. The aim of this study was to examine the prevalence, risk factors and bothersomeness of PF dysfunction and its implications for the clinical management of CF. Methods: Of 64 adults with CF approached at a tertiary hospital, 60 were surveyed. A clinically meaningful score on the Australian Pelvic Floor Questionnaire (APFQ) is >1 in each of the bladder, bowel, sexual function and prolapse sections or a global PF score of >3. A frequency Likert scale was used to analyse the impact of PF dysfunction on the ability to perform physiotherapy lung management when well and unwell. Results: The prevalence of clinically
meaningful bladder dysfunction was 39% in women and 12% in men, the prevalence of bowel dysfunction was 54% in women and 44% in men, and the prevalence of sexual dysfunction was 43% in women and 65% in men. APFQ scores were clinically meaningful only for bowel dysfunction in women (median 1.47, IQR 0.59 - 2.28). PF dysfunction constrains lung management in up to 22% of patients when well and in 37% of patients when unwell.

Conclusions: PF dysfunction affects the adult CF population, with PF symptoms limiting the ability of up to one in three patients to participate in physiotherapy management. Copyright © 2016, The International Urogynecological Association.

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313.
Meta-analysis of Results of Testosterone Therapy on Sexual Function Based on International Index of Erectile Function Scores.
Corona G., Rastrelli G., Morgentaler A., Sforza A., Mannucci E., Maggi M.

Embase
AN: 615612217
Context: The interpretation of available clinical evidence related to the effect of testosterone (T) treatment (TTh) on sexual function has been inconsistent, in part due to the use of different and self-reported measures to assess outcomes. The International Index of Erectile Function (IIEF) is the most frequently used validated tool to assess male sexual function. Objectives: To perform a meta-analysis of available data evaluating the effect of TTh on male sexual function using IIEF as the primary outcome. Evidence acquisition: An extensive Medline, Embase, and Cochrane search was performed including all placebo-controlled randomized clinical trials enrolling men comparing the effect of TTh on sexual function. Evidence synthesis: Out of 137 retrieved articles, 14 were included in the study enrolling 2298 participants, with a mean follow-up of 40.1 wk and mean age of 60.2. +/- 6.5 yr. Using IIEF-erectile function domain (IIEF-EFD) as the outcome, we found that TTh significantly improved erectile function compared with placebo (mean difference = 2.31 [1.41;3.22] IIEF-EFD score, p < .0001). Patients with more severe hypogonadism (total T < 8 nmol/l) reported greater changes in final IIEF-EFD score when compared with those with a milder T deficiency (total T < 12 nmol/l; 1.47 [0.90;2.03] and 2.95 [1.86;4.03] for total T < 12 nmol/l and <8 nmol/l, respectively, Q = 5.61, p = 0.02). The magnitude of the effect was lower in the presence of metabolic derangements, such as diabetes and obesity. Other aspects of sexual function, as evaluated by IIEF subdomains, were also improved with TTh including libido, intercourse satisfaction, orgasm, and overall sexual satisfaction. Conclusions: TTh significantly improves erectile function and other sexual parameters as measured by IIEF in hypogonadal men. These results argue that sexual dysfunction should be considered a hallmark manifestation of T deficiency, since those symptoms can be significantly improved with normalization of serum T. In addition, these results suggest that TTh alone may be considered a reasonable treatment for hypogonadal men with milder degrees of erectile dysfunction, whereas the addition of other treatments, such as phosphodiesterase type 5 inhibitors, may be more appropriate for men with more severe erectile dysfunction. Patient summary: We investigated the effect of testosterone treatment on sexual function by performing a meta-analysis of all available studies that used the most frequently used assessment tool, the International Index of Erectile Function. We found that testosterone treatment significantly improves erectile dysfunction, as well as other aspects of sexual function, in men with testosterone deficiency. This treatment may be all that is required for hypogonadal men with milder erectile dysfunction; however, additional treatments may be necessary in more severe cases. The present meta-analysis investigates the effect of testosterone treatment (TTh) on sexual function over placebo considering the International Index of Erectile Function (IIEF) as final outcome. Our data indicate that TTh significantly improves erectile function and other sexual parameters as measured by IIEF. The effects of TTh on erectile dysfunction are greater in patients with lower testosterone levels at baseline and lower in the presence of metabolic derangements, such as diabetes and obesity. The observed mean 2.3-point increase in IIEF-erectile function domain score is clinically meaningful, suggesting that TTh
alone may be a reasonable treatment option in men with milder form of erectile dysfunction whereas the addition of other treatments, such as phosphodiesterase type 5 inhibitors, may be more appropriate for men with more severe erectile dysfunction. Copyright © 2017.

Objective: We analyzed a cohort of nonobstructive azoospermia (NOA) patients receiving microdissection testicular sperm extraction (mTESE) to examine the relationship of sperm yield and the parameters of clinical presentations. We aim to identify the parameters that might positively predict a positive sperm yield after mTESE. Materials and methods: A total of 200 patients with NOA who had undergone mTESE were enrolled. Among them, 112 (56%) had received a prior testicular needle biopsy. Clinical data including physical findings, underlying
genetic abnormalities, pathologic findings in needle biopsy, and sperm retrieval rate (SRR) during mTESE were reviewed and analyzed. Results: The pathological findings of prior needle biopsy demonstrate a predictive value of sperm yield during mTESE. Hypospermatogenesis had SRR of 93.3% during mTESE, early maturation arrest had SRR of 13.3%, late maturation arrest (LMA) had SRR of 66.7%, and Sertoli cell-only syndrome had SRR of 18.1%. Regarding parameters of clinical presentation, we found that SRR during mTESE was 85.7% for patients with hypogonadotropic hypogonadism, 60.0% for men with undescended testes (UDT) history, 50.0% for patients who had been exposed to chemotherapeutics due to malignancy of other organs, 100% for prior mumps infection, 50.0% for AZFc deletion, 50.0% for Klinefelter syndrome, and 33.3% for other sex chromosome-related abnormalities. No sperm was found in patients with AZFa or AZFb microdeletion. The consistency of histopathological findings between initial testis biopsy and mTESE was 77.7%. As much as 17.4% of cases had upgraded on spermatogenesis at later mTESE. Conclusion: Clinical presentations or phenotypes can be used as predictive factors for successful sperm retrieval during mTESE in patients with NOA. Hypogonadotropic hypogonadism and cases with UDT history have a higher chance of sperm retrieval. Initial testicular needle biopsy, if available, can provide valuable information about chances of sperm retrieval. Hypospermatogenesis predicts high sperm yield rate, and LMA can have best upgrade results of sperm yield after mTESE. Copyright © 2017.
Introduction: Transsexualism (ICD-10) is a condition characterized by a strong and persistent dissociation with one’s assigned gender. Sex reassignment surgery (SRS) and hormone therapy provide a means of allowing transsexual individuals to feel more congruent with their gender and have played a major role in treatment over the past 70 years. Brain-derived neurotrophic factor (BDNF) appears to play a key role in recovery from acute surgical trauma and environmentally mediated vulnerability to psychopathology. We hypothesize that BDNF may be a biomarker of alleviation of gender incongruence suffering. Objectives: To measure preoperative and postoperative serum BDNF levels in transsexual individuals as a biomarker of alleviation of stress related to gender incongruence after SRS. Methods: Thirty-two male-to-female transsexual people who underwent both surgery and hormonal treatment were selected from our initial sample. BDNF serum levels were assessed before and after SRS with sandwich enzyme linked immunosorbent assay (ELISA). The time elapsed between the pre-SRS and post-SRS blood collections was also measured. Results: No significant difference was found in pre-SRS or post-SRS BDNF levels or with relation to the time elapsed after SRS when BDNF levels were measured. Conclusion: Alleviation of the suffering related to gender incongruence after SRS cannot be assessed by BDNF alone. Surgical solutions may not provide a quick fix for psychological distress associated with transsexualism and SRS may serve as one step toward, rather than as the conclusion of, construction of a person’s gender identity. Copyright © 2017, Sociedade de Psiquiatria do Rio Grande do Sul. All rights reserved.

Epidemiological study of paediatric germ cell tumours revealed the incidence and distribution that was expected, but a low mortality rate.


Embase

Aim: Germ cell tumours (GCTs) are a rare heterogeneous tumour group derived from primordial germ cells, which can be benign or malignant and occur in the gonads or extragonadally. This study mapped the paediatric GCTs in Denmark from 1984 to 2013 to study the incidence and outcome. Methods: We identified paediatric GCTs from the Danish Childhood Cancer and National Pathology Registries and reviewed the case records for patient characteristics, tumour characteristics and clinical outcome. Results: We identified 403 (71% female) paediatric GCTs and the crude incidence was 1.43 per 100 000. Of these, 79 (20%) were malignant, 39 (10%) were potentially malignant and 285 (70%) were benign. Extragonal GCTs (39%) were mainly observed in early childhood and were predominately sacrococcygeal teratomas. Gonadal GCTs (61%) in late childhood were most frequently mature teratomas in the ovaries. Nearly all patients underwent surgery. Of the malignant tumours, 62% were treated with chemotherapy. Radiotherapy was only administered to intracranial GCTs. In the cohort, 12 patients died (3%).
Conclusion: Paediatric GCTs in Denmark were mainly benign and mortality was low, even for malignant tumours. We identified a peak of extragonadal GCTs in early childhood and a peak of gonadal GCTs in late childhood, which was comparable to previous reports. Copyright ©2017 Foundation Acta Paediatrica. Published by John Wiley & Sons Ltd

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317.
Predicting the onset of hazardous alcohol drinking in primary care: Development and validation of a simple risk algorithm.

Embase
British Journal of General Practice. 67 (657) (pp e280-e292), 2017. Date of Publication: April 2017.

[Article]
AN: 615221417

Background Little is known about the risk of progressing to hazardous alcohol use in abstinent or low-risk drinkers. Aim To develop and validate a simple brief risk algorithm for the onset of hazardous alcohol drinking (HAD) over 12 months for use in primary care. Design and setting Prospective cohort study in 32 health centres from six Spanish provinces, with evaluations at baseline, 6 months, and 12 months. Method Forty-one risk factors were measured and multilevel logistic regression and inverse probability weighting were used to build the risk algorithm. The outcome was new occurrence of HAD during the study, as measured by the AUDIT. Results From the lists of 174 GPs, 3954 adult abstinent or low-risk drinkers were recruited. The 'predictAL-10' risk algorithm included just nine variables (10 questions): Province, sex, age, cigarette consumption, perception of financial strain, having ever received treatment for an alcohol problem, childhood sexual abuse, AUDIT-C, and interaction AUDIT-C*Age. The c-index was 0.886 (95% CI = 0.854 to 0.918). The optimal cutoff had a sensitivity of 0.83 and specificity of 0.80. Excluding childhood sexual abuse from the model (the 'predictAL-9'), the c-index was 0.880 (95% CI = 0.847 to 0.913), sensitivity 0.79, and specificity 0.81. There was no statistically significant difference between the c-indexes of predictAL-10 and predictAL-9. Conclusion The predictAL-10/9 is a simple and internally valid risk algorithm to predict the onset of hazardous alcohol drinking over 12 months in primary care attendees; it is a brief tool that is potentially useful for primary prevention of hazardous alcohol drinking. Copyright © British Journal of General Practice 2017.

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ICARUS study: Prevalence and clinical features of impulse control disorders in Parkinson's disease.
Antonini A., Barone P., Bonuccelli U., Annoni K., Asgharnejad M., Stanzione P.
Embase
[Article]
AN: 615136456
Background Impulse control disorders/other compulsive behaviours (ICD behaviours') occur in Parkinson's disease (PD), but prospective studies are scarce, and prevalence and clinical characteristics of patients are insufficiently defined. Objectives To assess the presence of ICD behaviours over a 2-year period, and evaluate patients' clinical characteristics. Methods A
prospective, non-interventional, multicentre study (ICARUS (Impulse Control disorders And the association of neuRopsychiatric symptoms, cognition and qUality of life in ParkinSon disease); SP0990) in treated Italian PD outpatients. Study visits: baseline, year 1, year 2. Surrogate primary variable: presence of ICD behaviours and five ICD subtypes assessed by modified Minnesota Impulsive Disorder Interview (mMIDI). Results 1069/1095 (97.6%) patients comprised the Full Analysis Set. Point prevalence of ICD behaviours (mMIDI; primary analysis) was stable across visits: 28.6% (306/1069) at baseline, 29.3% (292/995) at year 1, 26.5% (245/925) at year 2. The most prevalent subtype was compulsive eating, followed by punding, compulsive sexual behaviour, gambling and buying disorder. Patients who were ICD positive at baseline were more likely to be male, younger, younger at PD onset, have longer disease duration, more severe non-motor symptoms (including mood and sexual function), depressive symptoms, sleep impairment and poorer PD-related quality of life. However, they did not differ from the ICD-negative patients in their severity of PD functional disability, motor performance and cognitive function. Conclusions Prevalence of ICD behaviours was relatively stable across the 2-year observational period. ICD-positive patients had more severe depression, poorer sleep quality and reduced quality of life. Copyright © © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2017. All rights reserved. No commercial use is permitted unless otherwise expressly granted.

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2017
Prevalence of autonomic neuropathy in patients of rheumatoid arthritis and its correlation with disease severity.

Aggarwal D., Singla S.

Embase Journal of Clinical and Diagnostic Research. 11 (4) (pp OC09-OC13), 2017. Date of Publication: 01 Apr 2017.

[Article]

AN: 615120812

Introduction: Autonomic Neuropathy (AN), found to be a strong predictor of sudden cardiac death, has been reported variably in patients with Rheumatoid Arthritis (RA). Manifesting as sweating disturbances, gastrointestinal irregularities, bladder or erectile dysfunction, AN can significantly affect a patient's quality of life and alter the course of the disease. Aim: This study was undertaken to find out the prevalence and severity of AN in RA patients attending the Rheumatology Clinic at a Tertiary Care Hospital in New Delhi, India and also to investigate its correlation with patient and disease factors such as age, gender, disease severity, duration and serological status. Materials and Methods: In this cross-sectional study, AN was assessed subjectively by a survey of autonomic symptoms. Cardiac autonomic involvement was assessed by five cardiovascular reflex tests as described by Ewing: Heart Rate (HR), response to deep breathing, standing, and Valsalva and Blood Pressure (BP) response to standing and sustained handgrip. Results: A total of 31 RA patients and 31 age and sex matched healthy volunteers were recruited. Upon analysis it was found that the prevalence of cardiac AN was significantly higher in patients (80.65%) as compared to controls (51.61%) (p=0.016). Positive correlation with disease severity was observed with the patient reported questionnaire but not with the objective cardiovascular reflex tests. No significant correlation between grade of AN and patient's age, gender, disease duration or serological status was established. Conclusion: At the end of the study, it was concluded that the pathological mechanisms responsible for autonomic dysfunction are more active in RA as compared to others. Copyright © 2017, Journal of Clinical and Diagnostic Research. All rights reserved.
Gender Differences in Emotion-Mediated Pathways from Childhood Sexual Abuse to Problem Drinking in Adolescents in the Child Welfare System.
Embase
Journal of Child and Adolescent Trauma. 10 (1) (pp 19-28), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 615015722
It is well-established that childhood sexual abuse (CSA) increases risk for later substance abuse. However, less is known about the mechanisms by which CSA increases risk of substance abuse, including problem drinking. Research points to negative emotions as potential explanatory links between CSA and problem drinking, and suggests that pathways may differ for men and women. In the current study, we examined three potential mechanisms (anger, anxiety, and depression symptoms) by which CSA increases vulnerability for alcohol problems in a sample of youth receiving child welfare services (N = 301). Path analyses revealed that relations between CSA and problem drinking were partially mediated by anger symptoms in male adolescents. In female adolescents, links between CSA and problem drinking were fully mediated by anxiety and anger symptoms. These findings highlight similarities and differences in how CSA increases vulnerability for alcohol problems in male and female adolescents. Clinical and research implications are discussed. Copyright © 2016, Springer International Publishing.
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The goal of the current study was to explore the rates of medical consultation and hospitalizations of sexually abused boys. Specifically, to examine if sexually abused boys had higher rates of medical consultations and hospitalizations for physical and mental health problems than boys from the general population. Administrative databases were used to compare medical diagnoses of 222 boys with a substantiated sexual abuse report with those of 222 matched-controls. Results revealed that sexually abused boys were up to five times more likely than those from the general
population to consult a physician for mental health problems. With regards to physical health problems, sexually abused boys were as likely as those from the general population to consult a physician, but up to 10 times more likely to be hospitalized. Copyright © 2016, Springer International Publishing.

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2017

The Utility of Sex Hormone-Binding Globulin in Hypogonadism and Infertile Males.
Ring J., Welliver C., Parenteau M., Markwell S., Brannigan R.E., Kohler T.S.
Embase
[Article]
AN: 615002417
Purpose We sought to determine the role of sex hormone-binding globulin in patients with male infertility. Materials and Methods We retrospectively reviewed the records of 168 males seen at a fertility clinic from 2012 to 2014 to investigate the accuracy of total testosterone in the biochemical diagnosis of hypogonadism using calculated bioavailable testosterone as the reference value. We used multivariable analysis to assess sex hormone-binding globulin as an independent predictor of infertility. Results Computations using calculated bioavailable
testosterone as a standard in the measurement of definitive biochemical hypogonadism (less than 156 ng/dl) revealed 81% sensitivity, 83% specificity, 81% positive predictive value and 82% negative predictive value for diagnosing hypogonadism with total testosterone alone. Of the 90 men with total testosterone greater than 300 ng/dl, 20% had low bioavailable testosterone less than 156 ng/dl, 52% had borderline low bioavailable testosterone less than 210 ng/dl and only 48% could be considered biochemically eugonadal according to calculated bioavailable testosterone. Of the 80 patients with total testosterone less than 300 ng/dl, 19% had free testosterone levels greater than 6.5 ng/dl and, thus, could be considered to be eugonadal. By a magnitude similar to that of follicle-stimulating hormone, sex hormone-binding globulin independently predicted decreased sperm concentration (p = 0.0027) and motility (p = 0.0447). After excluding men with azoospermia, only sex hormone-binding globulin levels differed significantly in classically hypogonadal men (group 1-total testosterone less than 300 ng/dl) and those missed but hypogonadal (group 2-calculated bioavailable testosterone less than 210 ng/dl) (p = 0.0001). At a more stringent cutoff of calculated bioavailable testosterone less than 156 ng/dl, sperm motility was significantly different for groups 1 and 2 (p = 0.014). Conclusions Adding sex hormone-binding globulin to total testosterone serum testing facilitates more accurate diagnosis with free testosterone and calculated bioavailable testosterone, and clinical implications of decreased semen parameters to a magnitude similar to that of follicle-stimulating hormone. This warrants further study of the role of sex hormone-binding globulin in male infertility.
Impact of thyroid disease on testicular function.

La Vignera S., Vita R., Condorelli R.A., Mongioi L.M., Presti S., Benvenga S., Calogero A.E.

Endocrine. (pp 1-11), 2017. Date of Publication: 20 Apr 2017. [Article In Press]

AN: 615576660

Introduction: Testis was considered unresponsive to thyroid hormone for a long time. However, like in animals, the presence of thyroid hormone receptors in different testicular cell types was demonstrated also in humans. Accordingly, thyrotoxicosis and hypothyroidism have remarkable effects on testicular function and more extensively on fertility. Review: Thyrotoxicosis and hypothyroidism are associated with changes affecting the endocrine, sexual, or reproductive functions. Particularly, compared with controls, hyperthyroid patients have higher serum SHBG and lower free and bioavailable testosterone concentrations, a higher rate of asthenozoospermia, oligo-zoospermia, and terato-zoospermia, and a higher prevalence of sexual disturbances, such as premature ejaculation. In hypothyroid patients, hormonal changes are in the opposite direction compared with hyperthyroid patients. Summary: Thyroid hormone regulates a number of functions in the testis, such as proliferation and differentiations of non-germ cells, steroidogenesis, and sperm motility. Furthermore, thyroid hormone regulates testicular redox status. Consequently, thyroid hormone excess or deficiency can affect testicular function at different levels. Conclusions: In view of the high prevalence of thyrotoxicosis and hypothyroidism, a considerable part of infertile patients may harbor overt or subclinical thyroid disease. Identification and management of thyrotoxicosis/hypothyroidism associated infertility needs the collaboration of andrologists, endocrinologists, gynecologists, and general practitioners.

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Early weight loss predicts the reduction of obesity in men with erectile dysfunction and hypogonadism undergoing long-term testosterone replacement therapy.

Salman M., Yassin D.-J., Shoukfeh H., Nettleship J.E., Yassin A.

Aging Male. 20 (1) (pp 45-48), 2017. Date of Publication: 02 Jan 2017.

[Article]

AN: 614212785

We and others have previously shown that testosterone replacement therapy (TRT) results in sustained weight loss in the majority of middle-aged hypogonadal men. Previously, however, a small proportion failed to lose at least 5% of their baseline weight. The reason for this is not yet understood. In the present study, we sought to identify early indicators that may predict successful long-term weight loss, defined as a reduction of at least 5% of total body weight relative to baseline weight (T0), in men with hypogonadism undergoing TRT. Eight parameters measured were assessed as potential predictors of sustained weight loss: loss of 3% or more of baseline weight after 1 year of TRT, severe hypogonadism, BMI, waist circumference, International Prostate Symptom Score (IPSS), glycated hemoglobin (HbA1C), age and use of vardenafil. Among the eight measured parameters, three factors were significantly associated with sustained weight loss over the entire period of TRT treatment: (1) a loss of 3% of the baseline body weight after 1 year of TRT; (2) baseline BMI over 30; and (3) a waist circumference >102 cm. Age was not a predictor of weight loss. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group.
Non-targeted LC-MS based metabolomics analysis of the urinary steroidal profile.
Palermo A., Botre F., de la Torre X., Zamboni N.

Analytica Chimica Acta. 964 (pp 112-122), 2017. Date of Publication: 29 Apr 2017.
[Article]
AN: 614305067

The urinary steroidal fraction has been extensively explored as non-invasive alternative to monitor pathological conditions as well as to unveil the illicit intake of pseudo-endogenous anabolic steroids in sport. However, the majority of previous approaches involved the a priori selection of potentially relevant target analytes. Here we describe the non-targeted analysis of the urinary steroidal profiles. The workflow includes minimal sample pretreatment and normalization according to the specific gravity of urine, a 20 min reverse phase ultra-performance liquid chromatographic separation hyphenated to electrospray time-of-flight mass spectrometry. As initial validation, we analyzed a set of quality control urines spiked with glucurono- and sulfo-conjugated steroids at physiological ranges. We then applied the method for the analysis of samples collected after single transdermal administration of testosterone in hypogonadal men. The method allowed profiling of approximately three thousand metabolic features, including steroids of clinical and forensic relevance. It successfully identified metabolic pathways mostly responsible for groups clustering even in the context of high inter-individual variability and allowed
the detection of currently unknown metabolic features correlating with testosterone administration. These outcomes set the stage for future studies aimed at implementing currently monitored urinary steroidal markers both in clinical and forensic analysis. Copyright © 2017 Elsevier B.V.

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2017

326.
Longitudinal changes in pubertal maturation and white matter microstructure.

Embase
Psychoneuroendocrinology. 81 (pp 70-79), 2017. Date of Publication: 01 Jul 2017.
[Article]
AN: 615340330

Emerging evidence in the field of adolescent neurodevelopment suggests that pubertal processes may contribute to known trajectories of brain maturation, and may contribute, in part, to sex differences in related cognitive, behavioral and mental health outcomes. The current longitudinal study examined how changes in physical pubertal maturation (measured by the Peterson Developmental Scale) predict changes in white matter microstructure in 18 boys and 15 girls over an approximate 2-year follow-up period, while accounting for age. Using Tract-Based Spatial
Statistics and multi-level modeling, the results showed that physical pubertal changes predict patterns of changes in fractional anisotropy (FA) in white matter regions in the thalamus, precentral gyrus, superior corona radiata, corpus callosum (genu), superior corona radiata, and superior frontal gyrus. Sex specific changes were also seen, as changes in gonadal and adrenal development related to increases in FA in the superior frontal gyrus and precentral gyrus in boys, but gonadal development related to decreases in FA in the anterior corona radiata in girls. These findings are the first to show how changes over time in pubertal development influence white matter development. In addition, they support a larger body of emerging research suggesting that pubertal processes contribute to distinct changes in boys and girls across brain development.

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Sexual functioning and experiences in young people affected by mental health disorders.

Embase
[Article]
The majority of mental disorders have their onset in late adolescence and early adulthood and this coincides with important stages of sexual development. Although sexual dysfunction is highly prevalent among people with mental health disorders, little is known about this topic among youth. This study aimed to evaluate the sexual functioning and subjective experience of sex in young people aged between 15 and 26 years attending a youth mental health service. One hundred and three participants were assessed with the Sexual Health Questionnaire, Sexual Functioning Questionnaire, Brief Psychiatric Rating Scale, Scale for the Assessment of Negative Symptoms and the Medication Adherence Rating Scale. There were 43 males, 52 females, and 8 transgender and gender diverse participants with a range of mental health disorders. Eighty (77.7%) had experienced consensual sexual intercourse. Ninety-nine (95.8%) endorsed at least one item of sexual dysfunction and clinical sexual dysfunction was present in 37 (38.9%) cases. Sexual dysfunction was associated with greater severity of general psychopathology, negative symptoms, antipsychotic use, lower antipsychotic medication adherence, and negative subjective experiences around sex. Addressing this sexual dysfunction in young people could lead to both an improvement in subjective experiences of sexual relationships and potentially improvement in adherence to treatment. Copyright © 2017 Elsevier Ireland Ltd
Phenotypic spectrum of POLR3B mutations: Isolated hypogonadotropic hypogonadism without neurological or dental anomalies.
Richards M.R., Plummer L., Chan Y.-M., Lippincott M.F., Quinton R., Kumanov P., Seminara S.B.
Embase
[Article]
AN: 611681473
Background A constellation of neurodegenerative disorders exists (Gordon Holmes syndrome, 4H leucodystrophy, Boucher-Neuhauser syndrome) in which patients suffer from both neurological disease (typically manifested by ataxia) and reproductive failure (idiopathic hypogonadotropic hypogonadism (IHH)). POLR3B, which encodes the second largest subunit of RNA polymerase III (pol III), and POLR3A, which forms the pol III catalytic centre, are associated with 4H leucodystrophy. Methods Whole exome sequencing was performed on a large cohort of subjects with IHH (n=565). Detailed neuroendocrine studies were performed in some individuals within this cohort. Results Four individuals (two of them siblings) were identified with two rare nucleotide variants in POLR3B. On initial evaluation, all subjects were free of neurological disease. One patient underwent treatment with exogenous pulsatile gonadotropin-releasing hormone for 8 weeks which failed to result in normalisation of his sex steroid milieu due to pituitary resistance. Conclusions These findings suggest that the spectrum of phenotypes resulting from POLR3B mutations is wider than previously believed and that POLR3B can be associated exclusively with disorders characterised by abnormal gonadotropin secretion.
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329.
Medical Male Circumcision Is Associated With Improvements in Pain During Intercourse and Sexual Satisfaction in Kenya.
Nordstrom M.P.C., Westercamp N., Jaoko W., Okeyo T., Bailey R.C.
Embase
[Article]
AN: 615071334
Background Two cohort studies using data from randomized controlled trials in Africa offer the best evidence to date on the effects of voluntary medical male circumcision (VMMC) on male sexual function and satisfaction, suggesting no significant impairments in sexual function or satisfaction and some improvements in sexual function after male circumcision. Aim To assess the effects of VMMC on sexual function and satisfaction in a large population-based cohort of men circumcised as adults and uncircumcised controls in Kenya. Methods Sexual function and satisfaction of young (median age = 20 years) sexually active men (1,509 newly circumcised men and 1,524 age-matched uncircumcised controls after 5% loss to follow-up) were assessed at baseline and 6, 12, 18, and 24 months, with data collected in 2008 to 2012. Self-reported data on lack of sexual interest or pleasure, difficulty getting or maintaining erections, orgasm difficulties, premature ejaculation, pain during intercourse, and satisfaction with sexual intercourse were analyzed with mixed-effect models to detect differences between circumcised and uncircumcised men and changes over time. Outcomes Changes over time in sexual interest, desire and pleasure, erectile and ejaculatory function, and pain during intercourse (dyspareunia) in circumcised and uncircumcised men; group differences in time trends; satisfaction with sexual performance; and enjoyment of sex before and after circumcision. Results Sexual dysfunctions decreased in the two study groups from 17% to 54% at baseline to 11% to 44% at 24 months (P < .001), except dyspareunia, which decreased only in circumcised men (P < .001). Sexual satisfaction outcomes increased in the two study groups from 34% to 82% at baseline to 66% to 93% at 24 months (P < .001), with greater improvements in circumcised men (P < .001). On average, 97% of circumcised men were satisfied with sexual intercourse and 92% rated sex as more enjoyable or no different after circumcision compared with before circumcision. Clinical
Translation Results are applicable to VMMC programs seeking to increase the acceptability of male circumcision as part of comprehensive HIV prevention. Strengths and Limitations Large-scale population-based longitudinal data restricted to sexually active individuals and adjusted for differences in baseline levels of outcomes and potential confounders are used. The questionnaire used, although not a standardized survey instrument, includes all major domains of male sexual function and satisfaction used in the most common standardized tools. Conclusions Results are consistent with large cohort studies of VMMC using data from randomized controlled trials and indicate that VMMC has no significant detrimental effect or might have beneficial effects on male sexual function and satisfaction for the great majority of men circumcised as adults.


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2017

330.
Sexual Quality of Life and Needs for Sexology Care of Cancer Patients Admitted for Radiotherapy: A 3-Month Cross-Sectional Study in a Regional Comprehensive Reference Cancer Center.
Embase
Background Providing early and better care in onco-sexuality and a better understanding of the sexual health care needs of patients before they start treatment is required. Objective To assess sexual quality of life and need for sexology care of patients when they are starting radiotherapy. Design We performed a cross-sectional study of adult patients with cancer admitted for radiotherapy treatment in a regional comprehensive cancer center. Methods We selected all consecutive adult patients scheduled to start radiotherapy within a 3-month period and excluded patients who could not complete the questionnaires. Patients were asked to complete the Sexual Quality of Life Questionnaire (SQoL) and a needs-assessment questionnaire. Outcomes Total score on the SQoL and willingness (yes or no) to get help for a sexual problem. Results The study sample was composed of 77 men and 123 women. The average SQoL scores were 68.4 +/- 20.9 and 47.1 +/- 13.0 for men and women, respectively (P < .001). Of sexually active patients, 58% had decreased frequency of intercourse or had completely stopped sexual activity after their cancer diagnosis. Half the participants wanted care for their sexual concerns. The proportion desiring specific types of care varied from 28.5% (couple counseling) to 54.5% (sexual physician) with variation by sex or type of cancer. Furthermore, 11.5% of participants declared their willingness to join support groups. Clinical Implications Early interventions before radiotherapy could improve sexual quality of life, particularly in women. Strengths and Limitations Strengths are the SQoL validated in men and women, the original window for assessment, and the study location. Limitations are the monocentric design, the potential recall bias for data before cancer diagnosis, and the fact that some patients had treatments before radiotherapy. Conclusion Our data suggest the need to examine the sexual health trajectory in a prospective fashion from diagnosis to survivorship. Almont T, Delannes M, Ducasson A, et al. Sexual Quality of Life and Needs for Sexology Care of Cancer Patients Admitted for Radiotherapy: A 3-Month Cross-Sectional Study in a Regional Comprehensive Reference Cancer Center. J Sex Med 2017;14:566-576. Copyright © 2017 International Society for Sexual Medicine
Background Repeated evidence from animal models suggests a strong link between vascular endothelial growth factor (VEGF) and penile vasculature and erectile function because VEGF can alter the physiologic pathways involved in the regulation of penile vasomotor tone. Aim To investigate three VEGF polymorphisms and their link to erectile dysfunction (ED). Methods We enrolled 688 Taiwanese men with a mean age of 55.6 years (SD = 4.5) during a free health screening. All participants provided complete medical histories and underwent physical examinations. Fasting blood samples were obtained for biochemical analysis and hormone profiling. The allelic discrimination of three VEGF gene polymorphisms (460T/C [rs833061], 1154G/A [rs1570360], and 2578A/C [rs699947]) was performed using validated TaqMan single-nucleotide polymorphism genotyping assays. Outcomes Subjects underwent assessment using the simplified five-item International Index of Erectile Function to diagnose and assess ED severity. Results The results showed that diabetes mellitus (odds ratio [OR] = 3.27, P < .01), hypertension (OR = 3.47, P < .01), and having the VEGF 2578A allele (OR = 1.54, P = .01) were the three most independent risk factors for ED. In univariate analysis, all three VEGF polymorphisms
polymorphisms (460C, 1154A, and 2578A) were significantly associated with a higher prevalence of coronary artery disease (P < .01) and greater frequencies of hypertension were found in carriers of the 1154A allele and the 2578A allele (P = .01). Multiple logistic regression analysis showed a significant association between VEGF 2578A allele carrier status and ED (OR = 1.54, 95% CI = 1.10~2.15, P = .01). Furthermore, the prevalence and severity of ED were significantly increased with an increment of the 2578A allele number (P < .05). Clinical Implications VEGF 2578C/A gene polymorphisms could be a genetic susceptibility factor for the development of ED. Strength and Limitation This is the first study to investigate the genetic susceptibility of VEGF polymorphisms to ED. This study was cross-sectional with a lack of functional and molecular production investigations. Data on the association among conditions might not allow definitive conclusions about causal links. Conclusion This study showed that VEGF 2578A allele carriers in a Taiwanese population are at greater risk for ED. Lee Y-C, Huang S-P, Tsai C-C, et al. Associations of VEGF Gene Polymorphisms With Erectile Dysfunction and Related Risk Factors. J Sex Med 2017;14:510-517. Copyright © 2017 International Society for Sexual Medicine Status EMBASE Institution (Lee, Huang, Cheng, Juan, Wu, Huang, Wang, Liu) Department of Urology, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan (Republic of China) (Lee, Huang, Cheng, Juan, Wu, Huang, Wang, Liu) Department of Urology, Faculty of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan (Republic of China) (Huang) Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan (Republic of China) (Tsai) Department of Urology, Kaohsiung Municipal Ta-Tung Hospital, Kaohsiung, Taiwan (Republic of China) (Cheng) Division of Cardiology, Department of Internal Medicine, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan (Republic of China) (Juan) Department of Urology, Kaohsiung Municipal Hsiao-Kang Hospital, Kaohsiung, Taiwan (Republic of China) (Bao) Department of Pharmacy, China Medical University, Taichung, Taiwan (Republic of China) (Bao) Sex Hormone Research Center, China Medical University Hospital, Taichung, Taiwan (Republic of China) (Bao) Department of Nursing, Asia University, Taichung, Taiwan (Republic of China) (Liu) Pingtung Hospital, Department of Health, Executive Yuan, Pingtung, Taiwan (Republic of China) Publisher Elsevier B.V. (E-mail: customerservices@oxonblackwellpublishing.com)
Promotion of anagen, increased hair density and reduction of hair fall in a clinical setting following identification of FGF5-inhibiting compounds via a novel 2-stage process.

Burg D., Yamamoto M., Namekata M., Haklani J., Koike K., Halasz M.

Embase

Clinical, Cosmetic and Investigational Dermatology. 10 (pp 71-85), 2017. Date of Publication: 27 Feb 2017.

[Article]

AN: 614970394

Background: There are very few effective, scientifically validated treatments with known mechanisms of action for treatment of hair loss in both men and women. Fibroblast growth factor 5 (FGF5) is an important factor in the irreversible transition from anagen to catagen, and inhibition of FGF5 prolongs anagen phase and reduces hair loss. Objective: We aimed to screen botanically derived molecules for FGF5 inhibitory activity in vitro and assess efficacy in a clinical setting. Methods: We screened for FGF5 inhibitory efficacy via a novel 2-step in vitro pipeline consisting of an engineered FGF5 responsive cell line, followed by an activated dermal papillae (DP) cell method. Efficacy in a clinical setting was assessed in a randomized, single-blind, placebo-controlled trial against early-to mid-stage pattern hair loss in men and women. Results: We observed FGF5 inhibitory activity for a number of compounds from the monoterpenoid family, many showing greater inhibitory efficacy than our previously reported crude plant extracts. Evaluation of a lead candidate in a clinical study over 112 days showed a significant improvement in anagen:telogen (AT) ratio (p = 0.002), reduced hair fall (p = 0.007) and improved visual grading (p = 0.004). Scientifically matched photography on a subgroup of randomly chosen participants highlighted significant improvement in hair density, with increases evident in all tested participants compared to baseline. Conclusion: Isolates from the monoterpenoid family displayed efficacy in FGF5 inhibition in vitro. A topical formulation containing a leading isolate significantly improved AT ratio, reduced hair fall and increased apparent hair density in the tested population of men and women. Copyright © 2017 Burg et al.
The relationship of salivary testosterone and male sexual dysfunction in opioid-associated androgen deficiency (OPIAD).


Embase

Aging Male. 20 (1) (pp 1-8), 2017. Date of Publication: 02 Jan 2017.

[Article]

AN: 612817358

Background: Opioids are an effective treatment for chronic non-malignant pain (CNP). Long-term use risks and side effects such as opioid-induced androgen deficiency (OPIAD) exist. This could be measured by saliva testosterone (Sal-T). Objectives: To evaluate OPIAD in long-term opioid use in CNP patients. Methods: A cross-sectional study included CNP male outpatients under opioid treatment. Total-Testosterone (Total-T), Free-Testosterone (Free-T), Bio-Testosterone (Bio-T) and Sal-T were measured. Correlations were calculated by Spearman's rho (SPSS 20).

Results: From 2012 to 2014, 134 from 249 (54%) consecutive male outpatients reported erectile dysfunction (ED), 37% of them related to opioids and 19% evidenced OPIAD. A total of 120 subjects (94 cases and 26 matched-controllers) were included. A significantly lower luteinizing hormone, Total-T and Free-T were found, as well as, a significant correlation between Sal-T and Total-T (r = 0.234, p = 0.039), Bio-T (r = 0.241, p = 0.039), IIEF (r = 0.363, p = 0.003) and HAD-anxiety (r = -0.414, p = 0.012) in OPIAD patients. Sal-T levels were significantly lower in patients with severe-moderate ED versus mild ED (p = 0.045) and in patients with severe ED versus
Conclusions: These data demonstrate the high prevalence of ED in long-term use of opioids, part of this is associated to OPIAD, which can be tested by Sal-T as a non-invasive approach. Copyright © 2016 Informa UK Limited, trading as Taylor & Francis Group.

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Vacuum erection device in treatment of organic erectile dysfunction and penile vascular differences between patients with DM type I and DM type II.
Pajovic B., Dimitrovski A., Fatic N., Malidzan M., Vukovic M.
Embase
[Article]
AN: 612477467

The aim of this study is to investigate changes in the vascular system and hemodynamics between patients with organic erectile dysfunction (ED) (DM type I and II), as well as to compare the quality of sexual life between those two groups after the treatment with vacuum erection
device (VED). Study enrolled 50 males with DM, aged from 35 to 67 years, who have attended the urologic clinic due to inability to attain and maintain an erection of the penis sufficient to permit satisfactory sexual intercourse. Patients were using VED and six months later were assessed for therapy results. The International Index of Erectile Function (IIEF) was used to quantify erectile dysfunction. Alprostadil injection test was also used, with Doppler color flow imaging system, to evaluate the peak systolic velocity (PSV) and diameter of cavernosal artery (DCA). Significantly higher values of PSV were obtained in patients with DM type II. Also, DCA showed significant difference between two groups of patients. There was significant improvement in three items of IIEF after six months of treatment among both groups of examinees. Patients with DM type I had more serious risk for development of arteriogenic ED. VED could be a good alternative therapy for patients who denied peroral therapy. Copyright © 2016 Informa UK Limited, trading as Taylor & Francis Group.

Neuroticism as a risk factor for child abuse in victims of childhood sexual abuse.
Boillat C., Schwab N., Stutz M., Pflueger M.O., Graf M., Rosburg T.

Child Abuse and Neglect. 68 (pp 44-54), 2017. Date of Publication: 01 Jun 2017.
[Article]
Findings on the relationship of experienced sexual abuse and abuse behavior in adulthood are ambiguous. However, associations between experienced abuse and neuroticism as well as between neuroticism and active child abuse have been reported repeatedly. In our study, we compared pedosexual child abusers with consumers of internet child pornography and control subjects with adult-sexual preference with regard to traumatic childhood experience (Childhood Trauma Questionnaire, CTQ), personality traits (NEO - Personality Inventory - Revised, NEO-PI-R), and sexual abnormalities (Multiphasic Sex Inventory, MSI). In an initial analysis, sexual abuse experienced in childhood was not directly linked to sexual abuse behavior in adulthood. However, this relationship was mediated by neuroticism. In a second step, the CTQ scales were conflated and, using a structural equation model, direct links between the overall level of abuse experienced in childhood (generally high CTQ levels) and sexual abuse behavior in adulthood revealed again the mediation by neurotic personality. We conclude that the overall level of abuse experienced in childhood in general, and less sexual abuse experience in particular, modulates the tendency for child sexual abuse behavior in adulthood. Data suggest that, depending on the resilience of an individual, abuse experience during childhood increases the likelihood of developing neurotic personality traits in later life, which are in turn considered to increase the risk of child sexual abuse in child sex offenders. Copyright © 2017 Elsevier Ltd

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336.
Multicenter, open-label, exploratory clinical trial with rhodiola rosea extract in patients suffering from burnout symptoms.
Kasper S., Dienel A.

Embase

[Article]

AN: 614950414

Purpose: This study is the first clinical trial aiming to explore the clinical outcomes in burnout patients treated with Rhodiola rosea. The reported capacity of R. rosea to strengthen the organism against stress and its good tolerability offer a promising approach in the treatment of stress-related burnout. The aim of the treatment was to increase stress resistance, thus addressing the source rather than the symptoms of the syndrome and preventing subsequent diseases associated with a history of burnout. The objective of the trial was to provide the exploratory data required for planning future randomized trials in burnout patients in order to investigate the clinical outcomes of treatment with R. rosea dry extract in this target group.

Methods: The study was planned as an exploratory, open-label, multicenter, single-arm trial. A wide range of rating scales were assessed and evaluated in an exploratory data analysis to generate hypotheses regarding clinical courses and to provide a basis for the planning of subsequent studies. A total of 118 outpatients were enrolled. A daily dose of 400 mg R. rosea extract (WS 1375, Rosalin) was administered over 12 weeks. Clinical outcomes were assessed by the German version of the Maslach Burnout Inventory, Burnout Screening Scales I and II, Sheehan Disability Scale, Perceived Stress Questionnaire, Number Connection Test, Multidimensional Mood State Questionnaire, Numerical Analogue Scales for different stress symptoms and impairment of sexual life, Patient Sexual Function Questionnaire, and the Clinical Global Impression Scales. Results: The majority of the outcome measures showed clear improvement over time. Several parameters had already improved after 1 week of treatment and continued to improve further up to the end of the study. The incidence of adverse events was low with 0.015 events per observation day. Discussion: The trial reported here was the first to investigate clinical outcomes in patients suffering from burnout symptoms when treated with R. rosea. During administration of the study drug over the course of 12 weeks, a wide range of outcome measures associated with the syndrome clearly improved. Conclusion: The results presented provide an encouraging basis for clinical trials further investigating the clinical outcomes of R. rosea extract in patients with the burnout syndrome. Copyright © 2017 Kasper and Dienel.

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337.

Differences in Cavernosal Artery Parameters According to Different Anatomic Sampling Locations During the Diagnosis of Vascular Erectile Dysfunction Using Duplex Ultrasound.

Pezzoni F., Scroppo F.I., Cavallini G.

Embase


[Article In Press]

AN: 615444890

Objective: To establish a standard location for examining penile cavernosal arteries (CAs) using dynamic duplex Doppler ultrasound (PDDU) examination in the diagnosis of non-arterial erectile dysfunction (ED) or arterial insufficiency. Patients and Methods: Two groups of 105 patients each were enrolled. The first group (age 56.3 +/- 6.0 years) displayed clinical patterns of arterial insufficiency; the second group (age 35.2 +/- 4.7 years) displayed clinical patterns of non-arterial ED. The patients had their peak systolic velocity (PSV), end-diastolic velocity (EDV), resistive index (RI = PSV - EDV/PSV x 100), and acceleration time of the CAs measured using PDDU at the crura and at the midpoint between the penoscrotal junction and the coronal sulcus (mid penis). Intra- and interoperator variability were assessed. The PSV, RI, acceleration time, and EDV data obtained from the penoscrotal junction or from the "mid penis" in group 1 and in group 2 were compared using analysis of variance. Results: The PSV, EDV, and acceleration time were significantly higher when measured at the crura penis than when measured at the "mid penis" in both groups, whereas the RI was higher at the "mid penis" than at the "crura." Thus, arterial ED was better diagnosed with the data from the mid penis, whereas non-arterial ED was better diagnosed at the "crura." Conclusion: The location of the sampling site of the CAs using PDDU is critical for a correct diagnosis of ED. Copyright © 2017.
338.
The Role of Affect Management for HIV Risk Reduction for Youth in Alternative Schools.
Embase
Date of Publication: 2017.
[Article In Press]
AN: 615441932
Objective: Adolescents in alternative schools for behavioral and emotional problems have an earlier sexual onset and higher rates of sexual risk than their peers. They also often have difficulty managing strong emotions, which can impair sexual decision making. Human immunodeficiency virus (HIV) prevention programs for these adolescents may be most effective if skills for coping with strong emotions during sexual situations are included. Method: This article reports the 6-month outcomes of a three-arm randomized controlled trial comparing an HIV prevention intervention with affect management (AM) to a standard, skills-based HIV prevention intervention (SB), and a general health promotion intervention (HP). HP was similar to a general health class, and SB was based on previous effective HIV prevention programs used with community adolescents, whereas AM included affect management skills in addition to effective HIV prevention skills. Youth (N = 377) in two US cities were 13 to 19 years of age and attending
alternative schools for behavioral and emotional problems. Results: Multiple logistic regression analyses, adjusted for the baseline scores, age, and gender, found that adolescents in AM were significantly less likely to report being sexually active at follow-up (80% versus 91%, adjusted odds ratio = 0.28, 95% CI = 0.08-0.96) and more consistently using condoms than those in HP at follow-up (62%, versus 39%, adjusted odds ratio = 3.42, CI = 1.10-10.63). Conclusion: Affect management techniques tested in this project, focused on sexual situations, are similar to those that are used in dialectical behavioral therapy (DBT) and in clinical practice. These data suggest that these techniques might decrease risk behaviors and improve the health of adolescents with emotional/behavioral problems. Clinical trial registration information-Therapeutic Schools: Affect Management and HIV Prevention; http://clinicaltrials.gov; NCT00500487. Copyright © 2017 American Academy of Child and Adolescent Psychiatry.

Status
ARTICLE IN PRESS

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339.
Impact of metabolic status on the association of serum vitamin D with hypogonadism and lower urinary tract symptoms/benign prostatic hyperplasia.
Park S.G., Yeo J.K., Cho D.Y., Park M.G.

Embase
Aging Male. (pp 1-5), 2017. Date of Publication: 10 Apr 2017.
[Article In Press]
AN: 615438348
Objective: The objective of this study is to investigate the impact of metabolic status on associations of serum vitamin D with hypogonadism and lower urinary tract symptoms (LUTS)/benign prostatic hyperplasia (BPH). Patients and methods: A total of 612 men underwent physical examination, biochemical/hormonal blood testing, and transrectal prostate ultrasound. Moreover, the subjects filled out standard questionnaires for identification and grading of LUTS and hypogonadism symptoms. Parameters were statistically compared with independent t-tests and correlation analyses. Results: Vitamin D levels positively correlated with total testosterone (TT) but not with prostate volume or International Prostate Symptom Score (IPSS). Patients with metabolic syndrome had significantly lower vitamin D levels, which were not correlated with TT, prostate volume, or IPSS. However, vitamin D was positively correlated with TT, and negatively correlated with prostate volume and quality-of-life IPSS in subjects without metabolic syndrome. Conclusion: The clinical usefulness of vitamin D for treatment of hypogonadism or LUTS/BPH varies according to metabolic status. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group

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340.
Factors associated with pain in individuals infected by human T-cell lymphotropic virus type 1 (HTLV-1).

Embase
Introduction Despite the high prevalence of chronic pain in individuals infected with HTLV-1, predictive and protective factors for its development are still unclear. Objective To identify factors associated with chronic pain in individuals with HTLV-1. Methods This cross-sectional study was conducted in a reference center for treatment of patients infected with HTLV-1 in Salvador, Bahia, Brazil. The study included individuals infected with HTLV-1, over 18 years, and excluded those with difficulty to respond the pain protocol. Data on sociodemographic, health behavior, and clinical characteristics were collected in a standardized way. The prevalence ratio (PR) of pain is described, as well as the factors independently associated with the presence of pain, which were assessed by multiple logistic regression. Results A total of 142 individuals were included in the study, mostly female (62.7%), aged 20-64 years (73.2%), married (61.3%), with less than eight years of education (54.2%), and with a steady income (79.6%). Multivariate analysis showed that being symptomatic for HTLV-1 - sensory manifestations, erectile dysfunction, overactive bladder, and/or HAM/TSP (PR = 1.21, 95% CI: 1.05 to 1.38), self-medication (PR = 1.29, 95% CI: 1.08-1.53), physiotherapy (PR = 1.15, 95% CI: 1.02-1.28), and depression (PR = 1.14, 95% CI: 1.01-1.29) were associated with an increased likelihood of presenting pain. On the other hand, physical activity (PR = 0.79, 95% CI: 0.67-0.93) and religious practice (PR = 0.83, 95% CI: 0.72-0.95) were associated with a decreased likelihood of having pain. Conclusion The use of self-medication, physiotherapy and the presence of depression are independently associated with neurological symptoms in HTLV-1 infected patients. Religious practice and physical activity are both protective for the development of pain. Copyright © 2016 Sociedade Brasileira de Infectologia
Sex hormone levels and timing of sexual maturation are considered important markers for health status of adolescents in puberty, and previous research suggests they might be influenced by metal exposure. In three campaigns of the Flemish Environment and Health Study (FLEHS I 2002-2006; FLEHS II 2007-2011 and FLEHS III 2012-2015), data were collected on internal exposure to metals (Cd, Cu, Pb, Cr, Mn, Tl, Ni, Sb, Hg, As and As species) and sexual maturation in 2671 14-15 years old adolescents. All metals were measured in blood and/or urine, except total- and methylmercury which were measured in hair samples. Sex hormone levels were measured in blood serum of adolescent males of the cohorts of FLEHS I and FLEHS II. The use of a uniform methodology in successive campaigns allows to confirm associations between exposure and health in different cohorts and over time. Furthermore, mathematical and statistical density correction methods using creatinine or specific gravity were tested for urinary markers. Significant associations between sex hormones and maturity markers were observed in the FLEHS I and II campaigns, when both were assessed together. Regardless of the applied correction method, creatinine correction systematically introduced bias due to associations of creatinine with sex hormones and maturation markers, especially in adolescent males, while this is not the case for specific gravity. A series of exposure-response associations were found, but several involving Cd, Pb, As, Tl and Cu persisted in different FLEHS campaigns. The effects of
Pb and Cu on luteinizing hormone, (free) testosterone, (free) oestradiol and maturation support a xenoestrogenic agonistic action on the feedback of oestradiol to the hypothalamus-pituitary-gonadal axis. Our results suggest that specific care should be taken when selecting urine density correction for investigating associations with hormonal and maturation markers in adolescent males. Furthermore, the possibility of xenoestrogenic effects of certain metals in environmentally exposed adolescents warrants further investigation. Copyright © 2017 Elsevier Ltd

342.

Sexual reoffense trajectories with youths in the child welfare system.

Grossi L.M., Brereton A., Lee A.F., Schuler A., Prentky R.A.
The present study sought to determine whether the persistence of problematic sexualized behaviors (PSBs) committed by boys in the Massachusetts child welfare system would lend support to previous taxonomies categorizing offenders as early-onset/life course-persistent, adolescence-onset/adolescence-limited, or childhood-limited in their offending behavior. We examined the persistence of PSBs in a male sample (N = 638; age range: two to 17), using a retrospective longitudinal archival design. Procedures involved a comprehensive archival review of records from the Department of Children and Families. Subsamples were established by trifurcating the sample based on age at the time of the boys’ first documented PSB, resulting in age cohorts reflecting early childhood (age two to seven), middle childhood (age eight to 11), and preadolescence/adolescence (age 12-17). Results supported the hypothesis that youths who first exhibited PSBs in early childhood would produce higher sexual reoffense rates during each of three follow-up windows (i.e., three years, five years, and seven years) than youths who first exhibited such behaviors in middle childhood, or preadolescence/adolescence (p < 0.01 for all group contrasts). Findings supported the distinctions of several taxonomies classifying youthful offenders in the juvenile justice system. Abuse reactivity, coping ability, and vulnerability to iatrogenic intervention effects are considered as some of many possible contributing factors.
343.
Effects of Bariatric Surgery on Female Pelvic Floor Disorders. 
Leshem A., Shimonov M., Amir H., Gordon D., Groutz A. 
Embase 
[Article In Press] 
AN: 615430472 
Objective: To assess the effect of weight loss on urinary incontinence (UI), pelvic organ prolapse, colorectal-anal complaints, and sexual dysfunction among obese women undergoing bariatric surgery. Materials and Methods: One hundred sixty consecutive women who underwent bariatric surgery were prospectively enrolled. Four validated questionnaires (International Consultation on Incontinence Questionnaire-UI [ICIQ-UI], Bristol Female Lower Urinary Tract Symptoms-SF [BFLUTS-SF], Pelvic Floor Distress Inventory-20 [PFDI-20], and Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire-12 [PISQ-12]) were used to evaluate pelvic floor disorders and sexual dysfunction before and 3-6 months after surgery. Results: One hundred fifty participants (mean age: 43 +/- 12.8 years; mean preoperative body mass index: 42 +/- 4.6 kg/m2) completed all pre- and postoperative questionnaires. Preoperatively, 56 (37.3%) women had UI, 44 (29.3%) women had pelvic organ prolapse symptoms, and 66 (44%) women had colorectal-anal symptoms. Overall, surgically induced weight loss was associated with statistically significant improvement in UI (mean ICIQ score: 9.3 +/- 3.9 vs 3.3 +/- 3.8, P <.001), pelvic organ prolapse symptoms (mean PFDI score: 19 +/- 13.2 vs 11 +/- 12.8, P <.001), and colorectal-anal symptoms (mean PFDI score: 21 +/- 15.9 vs 14 +/- 14.9, P = .004). Moreover, half of preoperatively incontinent women and more than one quarter of women who had either pelvic organ prolapse or colorectal-anal symptoms reported complete resolution of their symptoms. Statistically significant improvement in sexual function was suggested by both BFLUTS-SF (0.3 +/- 0.8 vs 0.1 +/- 0.6; P = .011) and PISQ-12 (37.9 +/- 6.1 vs 39.5 +/- 5; P = .003) questionnaires. Conclusion: Surgically induced weight loss was associated with a significant improvement in pelvic floor disorders, including UI, pelvic organ prolapse, and colorectal-anal symptoms, as well as improved sexual performance.  Copyright © 2017 Elsevier Inc.
344.
High Prevalence of Low Serum Biologically Active Testosterone in Older Male Veterans. Conover C.F., Yarrow J.F., Garrett T.J., Ye F., Quinlivan E.P., Cannady D.F., Peterson M.D., Borst S.E.

Embase

[Article]
AN: 614440730

Objectives Assess the prevalence of hypogonadism in older male Veterans by comparing direct measurements of total testosterone (T) and bioavailable testosterone (BioT) versus indirect BioT values derived from existing and newly developed regression analyses. Design Cohort study. Setting Malcom Randall VA Medical Center, Gainesville, FL. Participants Community-dwelling male Veterans aged 60 and older (n = 203). Measurements Total T, BioT, albumin, sex hormone-binding globulin (SHBG), and body mass index were evaluated. Blood values were assessed via liquid chromatography-tandem mass spectrometry (LC-MS/MS) and clinical or commercially available immunoassays to compare accuracy among assessment techniques. Existing and newly developed multiple regression analyses were evaluated to assess accuracy in predicting BioT. Results Total T was 13.80 +/- 6.25 nmol/L (398 +/- 180 ng/dL) and was low (<10.4 nmol/L or <300 ng/dL) in 34% of participants. SHBG was 58 +/- 35 nmol/L and elevated (>62 nmol/L) in
36% of participants. BioT was 1.94 +/- 0.97 nmol/L (56 +/- 28 ng/dL), with 72% of participants below the clinical cutoff (<2.43 nmol/L or <70 ng/dL). Albumin was within the normal clinical range. Total T and BioT measured via immunoassay and LC-MS/MS were moderately to highly correlated, with no differences between assessment methods. Several existing predictive equations overestimated BioT by 74% to 166% within our cohort (P < .001). A newly developed regression model that included total T, SHBG, albumin, and age more accurately predicted BioT, with values correlated (r = 0.508, P < .001) and comparable to LC-MS/MS. Conclusion In our cohort, the prevalence of low total T was higher and low BioT was markedly higher than reported in the general age-matched population, indicating a greater incidence of hypogonadism in older male Veterans. In addition, existing empiric formulae, derived from other populations produced BioT values that were considerably greater than those directly measured, whereas our newly developed regression analysis provides improved predictive capabilities for older male Veterans.

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Introduction

Stem cells for sexual disorders are steadily being introduced into clinical trials. Two conditions of importance are the main target for this line of treatment, especially when regarding the wide array of translational and basic science highlighting the potential advantages of regenerative therapy: erectile dysfunction (ED) and more recently Peyronie disease (PD). Cellular therapy offers a treatment modality that might reverse disease progression. It would be used in a curative setting, in contrast to other pharmaceutical agents that are currently available.

Aim

To review basic preclinical studies and recent clinical trials of stem cells on ED and PD. Methods

A search of the medical literature for the following terms was performed using PubMed: stem cells, cellular therapy, erectile dysfunction, Peyronie’s disease, and clinical trial. Main Outcome Measures

A non-systematic narrative review and critical reflection on preclinical and clinical studies administering stem cells for ED and PD in animal models and human subjects. Results

Numerous studies have confirmed the beneficial functional effects of stem cell injection in established animal models on ED and PD. Various stem cell types have been adopted, from embryonic to adult mesenchymal cell types. Each cell type offers distinctive advantages and disadvantages. Diverse administrations of stem cells were investigated, with insignificant variability in the ultimate results. Stem cells appear to have a pronounced paracrine effect, rather than the classic engraftment and differentiation hypothesis. Phase 1 clinical trials using stem cells have not reported any severe adverse events in animals. However, these results cannot be extrapolated to draw any conclusions about efficacy in human patients. Conclusion

Stem cells have an established efficacy in preclinical studies and early clinical trials. Studies are currently being published demonstrating the safety of intrapenile injection of autologous bone marrow- and adipose tissue-derived stem cells. Soebadi MA, Milenkovic U, Weyne E, et al. Stem Cells in Male Sexual Dysfunction: Are We Getting Somewhere? Sex Med Rev 2017;5:222-235. Copyright © 2016 International Society for Sexual Medicine
Chronic Prostatitis Affects Male Reproductive Health and Is Associated with Systemic and Local Epigenetic Inactivation of C-X-C Motif Chemokine 12 Receptor C-X-C Chemokine Receptor Type 4.


Embase
Urologia Internationalis. 98 (1) (pp 89-101), 2017. Date of Publication: 01 Jan 2017.

[Article]
AN: 612864258

Background/Aims/Objectives: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) has detrimental effects on the quality of life including the aspect of sexual dysfunction. The aim of the study was to identify if there was an adverse effect on the male genital compartment and if there are systemic or compartment-specific local signals for epigenetic dysregulation of inflammatory factors in CP/CPPS patients. Methods: One hundred five NIH IIIb CP/CPPS patients and 41 healthy men were recruited and underwent investigations of urines, semen and blood. Promoter methylation and expression of the chemokine C-X-C motif chemokine 12 and its receptor C-X-C chemokine receptor type 4 (CXCR4) (involved in the recruitment of mast cells) were analyzed in prostate epithelial cell lines and in healthy volunteers' and patients' blood, ejaculate cell pellets, and separated ejaculate fractions (sperm and seminal somatic cells). Results: Independently from age, CP/CPPS NIH IIIb was associated with significant impairment of sperm motility, morphology
and semen pH (p < 0.001). Patients older than 33 years showed significantly increased seminal interleukin-8 and serum prostate specific antigen values. In patients, the CXCR4 mRNA-expression was significantly decreased in whole blood and ejaculate cell pellets due to promoter hypermethylation. Analyses on separated fractions of sperm and seminal somatic cells revealed that sperm DNA was unaffected, whereas somatic cell DNA was differentially methylated.

Conclusions: NIH IIIb CP/CPPS has negative effects on surrogate parameters of male fertility and is associated significantly with systemic and local epigenetic inactivation of CXCR4.  Copyright © 2016 S. Karger AG, Basel.

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(Schagdarsurengin, Teuchert, Hagenkotter, Nesheim, Dansranjavin, Schuppe, Gies, Pilatz, Weidner, Wagenlehner) Section Molecular Andrology, Clinic of Urology, Pediatric Urology and Andrology, Justus-Liebig-University Giessen, Rudolf-Buchheim-Strasse 7, Giessen DE-35392, Germany
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2017

347.
Prevalence and Predicting Factors for Commonly Neglected Sexual Side Effects to External-Beam Radiation Therapy for Prostate Cancer.
Frey A., Pedersen C., Lindberg H., Bisbjerg R., Sonksen J., Fode M.
Embase
AN: 614618597
Introduction Changes in sexual function other than erectile dysfunction are sparsely investigated after radiation therapy for prostate cancer. Aim To investigate orgasmic dysfunction, urinary incontinence during sexual activity, changes in penile morphology, and sensory disturbances in the penis in patients with prostate cancer treated with external-beam radiation therapy (EBRT). Methods In February 2015, men treated with EBRT at our center 3 months to 5 years previously (N = 519) received a study-specific questionnaire. This was developed from purpose-built questions and validated tools including the Erection Hardness Scale. All patients had received a radiation dose of 78 Gy. Androgen deprivation therapy was administered according to disease characteristics. Main Outcome Measures Outcome measurements were prevalence rates and predictors of these side effects as identified by multivariate logistic regression analyses. Results One hundred nine patients were eligible (sexually active and had completed androgen deprivation therapy) for inclusion. Twenty-four percent reported anorgasmia, 44% reported a decreased intensity of their orgasms, and 40% reported that the time it took to reach orgasm had increased. Eleven percent reported anejaculation. Fifteen percent reported orgasm-associated pain. Only 4% reported urinary incontinence during sexual activity. Subjective penile length loss in excess of 1 cm was reported by 42%. Twelve percent reported an altered curvature of their penis after EBRT. Six percent reported painful erections. Twenty-seven percent reported decreased sensitivity in the penis after EBRT, 2% reported a cold sensation, and 2% reported paresthesia. Increasing time since final treatment increased the risk of penile sensory disturbances (odds ratio = 1.05; P = .028). Conclusion Orgasmic dysfunction, changes in penile morphology, and sensory disturbances in the penis are common side effects of ERBT. Patients should be properly informed of the occurrence of these side effects before deciding which treatment to pursue. Frey A, Pedersen C, Lindberg H, et al. Prevalence and Predicting Factors for Commonly Neglected Sexual Side Effects to External-Beam Radiation Therapy for Prostate Cancer. J Sex Med 2017;14:558-565. Copyright © 2017 International Society for Sexual Medicine
Functional Variations in the NOS3 Gene Are Associated With Erectile Dysfunction Susceptibility, Age of Onset and Severity in a Han Chinese Population.


Embase

[Article]
AN: 614666900

Background Impaired function of endothelial nitric oxide synthase (eNOS) is involved in the pathologic processes of erectile dysfunction (ED), and three functional polymorphisms (G894T, T-786C, and a tandem repeat of 27 bp in intron 4) in the NOS3 gene, which encodes eNOS, are associated with the clinical characteristics of ED in several populations. Aim To investigate the effect of these variations of NOS3 on ED phenotypes and the response to sildenafil in a Han Chinese population. Methods This case-control study enrolled 112 patients with ED and 156 age-matched healthy men. Their medical history and laboratory data were collected. ED severity and response to sildenafil were assessed using the five-item International Index of Erectile Function (IIEF-5) score. Routine polymerase chain reaction and Sanger sequencing were used to genotype the three polymorphisms of NOS3. Outcomes The frequencies of alleles, genotypes, and haplotypes of the loci in patients and controls; the IIEF-5 scores of patients carrying the risk and non-risk genotype; and the frequencies of risk and non-risk genotypes in patients with different ages at onset and responses to sildenafil were assessed. Results The frequencies of drinkers and diabetic and hyperlipidemic patients in the ED group were higher than those in the age-matched control group (P < .05). The distributions of alleles (G894T, P < .005; T-786C, P < .015), genotypes (G894T, P < .015; T-786C, P < .010), and haplotypes (G894T/T-786C, P < .015) of the NOS3 polymorphisms were significantly different between patients with ED and controls. An increased risk for earlier onset of ED was observed in the G894T risk genotype carriers (odds ratio = 3.572; P < .020). Patients with the risk genotype of T-786C exhibited lower IIEF-5 scores than patients with the non-risk genotype (8.2 +/- 4.5 vs 12.2 +/- 5.0; P < .015). The influence of the T-786C or G894T genotype on the response to sildenafil was not observed. Clinical Translation The detectable effect of NOS3 functional polymorphisms on ED suggests their application potential as a molecular biomarker in predicting ED susceptibility and severity in the Han Chinese population. Strengths & Limitations This study provides strong evidence that
NOS3 functional variation is an independent risk factor for ED in the Han Chinese population, which should be confirmed in larger cohorts considering the limited number of subjects in this study. Conclusion These results are the first to identify a clear association between NOS3 functional variation and ED susceptibility, age at onset, and severity in the Han Chinese population. Yang B, Liu L, Peng Z, et al. Functional Variations in the NOS3 Gene Are Associated With Erectile Dysfunction Susceptibility, Age of Onset and Severity in a Han Chinese Population. J Sex Med 2017;14:551-557. Copyright © 2017 International Society for Sexual Medicine Status
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349.
Treatment response to sildenafil in men with erectile dysfunction relative to concomitant comorbidities and age.
Goldstein I., Stecher V., Carlsson M.
Embase
International Journal of Clinical Practice. 71 (3-4) (no pagination), 2017. Article Number: e12939.
Date of Publication: 01 Mar 2017.
[Article]
AN: 615066299
Aim: To evaluate treatment response in men with erectile dysfunction (ED) and concomitant comorbidities. Methods: Data were pooled from 42 placebo-controlled, flexible-dose sildenafil trials. In most trials, the sildenafil dose was 50 mg, taken ~1 hour before sexual activity but not more than once daily, with adjustment to 100 or 25 mg as needed. The overall population
(N=9413) was stratified by age (<45, 46-64, >65 years). Treatment response was defined as a minimal clinically important difference (MCID) from baseline in the International Index of Erectile Function-Erectile Function (IIEF-EF) domain score of >2, >5 and >7 for men with mild, moderate and severe ED at baseline, respectively, or an IIEF-EF domain score >26 (no ED) at end-point. Results: In the overall population, treatment response using the IIEF-EF MCID definition was significantly greater (P<.0001) with sildenafil vs placebo in men with no comorbidity (77% vs 33%), cardiovascular disease/hypertension only (71% vs 27%), diabetes only (63% vs 24%) or depression only (78% vs 29%). Using an IIEF-EF score >26, treatment response was significantly greater (P<.0001) with sildenafil vs placebo in men with no comorbidity (49% vs 17%), cardiovascular disease/hypertension only (48% vs 12%), diabetes only (40% vs 12%) or depression only (60% vs 17%). With each definition, the treatment response for each age and comorbidity was significantly greater (P<.0065) with sildenafil vs placebo. Conclusion: The treatment response was significantly greater with sildenafil vs placebo in men with ED and each comorbidity regardless of age. Copyright © 2017 John Wiley & Sons Ltd

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350.
UK policy statements on testosterone deficiency.
Hackett G., Kirby M., Edwards D., Jones T.H., Rees J., Muneer A.
Embase
International Journal of Clinical Practice. 71 (3-4) (no pagination), 2017. Article Number: e12901.
Date of Publication: 01 Mar 2017.
To address widespread media and scientific concerns over the appropriate treatment of TDS with Testosterone Therapy (T Therapy), the Executive Committee of the British Society for Sexual Medicine developed eight consensus statements, based on current scientific evidence to address these controversial issues. These statements were in no-way designed to replace the published evidence-based guidelines on the subject developed by various professional organisations, but to provide specific answers to several current controversial issues. This review examined evidence from Medline, EMBASE and Cochrane searches on HG, T Therapy and cardiovascular safety from May 2005 to May 2015, which revealed 1714 articles, with 52 clinical trials and 32 placebo-controlled randomised controlled trials. The task force developed the following eight key statements. Copyright © 2017 John Wiley & Sons Ltd
A Study of Combination Bicalutamide and Raloxifene for Patients With Castration-Resistant Prostate Cancer.

Embase
[Article]
AN: 614031031

Micro-Abstract A study to evaluate the toxicity of combination bicalutamide and raloxifene was conducted in patients with prostate cancer. No grade 3 or 4 adverse events occurred, and no dose reductions were required. The patient assessment of quality of life showed no statistically significant changes. The combination of bicalutamide and raloxifene treatment was well tolerated.

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Development and Initial Validation of the Beliefs About Sexual Functioning Scale: A Gender Invariant Measure.
Pascoal P.M., Alvarez M.-J., Pereira C.R., Nobre P.
[Article]
AN: 614639230
Background Past research on cognitive models of sexual functioning has focused on sexual beliefs as an important vulnerability factor for sexual dysfunction. However, the existing measurements of sexual beliefs are lengthy and entangle beliefs about sexual functioning with moral beliefs and ideas about sexuality. Furthermore, they have female and male versions, which does not allow for sex comparisons or dyadic research with heterosexual couples. Aim To describe the development and validation of the Beliefs About Sexual Functioning Scale (BASEF), which assesses beliefs about sexual functioning in men and women. Methods This study included two cross-sectional online studies with adults in heterosexual dyadic committed and exclusive relationships. In study 1 (sample A, n = 274, mean age = 32.27 years; sample B, n = 114, mean age = 30.6 years), the factorial validity of the BASEF was analyzed through an exploratory factor analysis with an initial poll of 51 items, followed by a test of its structure in a confirmatory factor analysis. In study 2 (n = 426, mean age = 31.5 years), the factorial equivalence of the BASEF was tested across sexes and its association with total scores of sexual functioning was analyzed. Outcome The main outcome was a new instrument for measurement of beliefs about sexual functioning. Results In study 1, 15 items indicating 5 factors were retained. The structure was confirmed by confirmatory factor analysis, establishing its factorial validity with the five factors aggregated in a second-order latent variable. In study 2, the equivalence of the BASEF was demonstrated across sexes and its association with theoretically related measurements, the International Index of Erectile Function and the Female Sexual Function Index, was supported. Clinical Implications This new measurement could be useful to evaluate clients and design interventions that take into account similarity and discrepancy in sexual beliefs in couples, such as those interventions framed in cognitive and systemic clinical models. Strengths and Limitations This study presents a new measurement of beliefs about sexual functioning suited to address an equivalent set of beliefs for men and women. In future studies, the scale will be useful to compare the unique role of these same beliefs in the sexual outcomes of men and women. One major
limitation is the lack of examination of the BASEF criterion validity with a clinical sample.


Status
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353.
Chest-wall contouring surgery in female-to-male transgender patients: A one-center retrospective analysis of applied surgical techniques and results.
Kaariainen M., Salonen K., Helminen M., Karhunen-Enckell U.

Embase
[Article]
AN: 615391746
BACKGROUND AND AIMS: Chest-wall contouring surgery is an important part of the gender reassignment process that contributes to strengthening the self-image and facilitating living in the new gender role. Here, we analyze the surgical techniques used in our clinic and report the results. MATERIAL AND METHODS: Female-to-male transgender patients (n=57) undergoing chest-wall contouring surgery at Tampere University Hospital between January 2003 and April 2015 were enrolled in the study. Breast appearance was evaluated and either a concentric circular approach or a transverse incision technique was used for mastectomy. Patient characteristics and data regarding the technique and postoperative results were collected and analyzed retrospectively.

RESULTS: In addition to the transgender diagnosis, 40.4% of the patients had another psychiatric diagnosis. For mastectomy, a concentric circular approach was used in 50.9% and a transverse incision approach in 49.1% of the patients. In the transverse incision group, 21.4% of the patients underwent pedicled mammaplasty and 78.6% mastectomy with a free nipple-areola complex graft. Compared with the transverse incision group, breasts were smaller (p<0.001) and body mass index value was lower in the concentric circular group (p=0.001). One-third of the patients had complications (hematoma, infection, seroma, fistula, or partial necrosis of nipple-areola complex) and the reoperation rate was 8.8%. Hematoma was the most frequent reason for reoperation. Corrections were required for the scar in 14.0% of the patients, the contour in 28.0%, the areola in 15.8%, and the nipple in 5.3%. Secondary corrections were needed more often in the concentric circular (55.2%) than in the transverse incision group (25.0%; p=0.031).

CONCLUSIONS: The larger the breast, poorer the skin quality, and greater the amount of excess skin, the longer the required incision and resulting scar is for mastectomy of female-to-male patients. Hematoma is the most common reason for acute reoperation and secondary corrections are often needed.

Normative penile anthropometry in term newborns in Kumasi, Ghana: A crosssectional prospective study.

Asafo-Agyei S.B., Ameyaw E., Chanoine J.-P., Nguah S.B.

Embase


[Article]

AN: 614926820

Background: Genital measurements are a useful adjunct in the early detection of various endocrine conditions including hypopituitarism and disorders of sexual differentiation. Standards for genital sizes have been published but racial/ethnic differences exist. This study was done to establish norms for genital sizes in term Ghanaian male newborns. Methods: This was a cross-sectional study of all apparently well full-term newborns of postnatal age < 48 h and birth weight between 2.5 and 4.0 kg delivered at Komfo Anokye Teaching Hospital within the study period. Anthropometric and genital parameters were documented for study subjects as well as parental sociodemographic indices. Results: A total of 644 male newborns were recruited between May and September 2014. The mean penile length (MPL) was 3.3 +/- 0.5 cm and the mean penile width (MPW) was 1.05 +/- 0.1 cm. An inverse relationship was found between maternal age and MPL (correlation coefficient -0.062, 95% CI -0.121 to -0.002; p = 0.04). MPL was also significantly different (p = 0.04) by mode of delivery, with babies delivered by caesarean section having the lowest MPL. MPL correlated positively with both gestational age (p = 0.04) and birth length (p < 0.001), while MPW correlated proportionally with birth weight and length (p < 0.001 for both). Conclusions: Using the conventional definition of micropenis as stretched penile length (SPL) < 2.5 standard deviation (SD) below the mean and macropenis as an SPL > 2.5 SD, a Ghanaian term newborn may warrant investigation if he has an MPL < 2.1 cm or > 4.4 cm. Copyright © The Author(s). 2017.

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Publisher

BioMed Central Ltd. (E-mail: info@biomedcentral.com)
Evaluation and treatment for ovotesticular disorder of sex development (OT-DSD) - experience based on a Chinese series.
Mao Y., Chen S., Wang R., Wang X., Qin D., Tang Y.


Background: The aim of this study is to review and present the clinical features and process of evaluation and treatment for OT-DSD in a single center in recent years in China. Methods: Sixteen patients with OT-DSD during the past 4 years underwent the evaluation and treatment in a single center. The clinical characteristics and outcomes of surgery were analyzed. Results: The surgical age ranged from 17 months to 66 months with a mean age of 20 months, and the mean follow-up was 30 months (4 months to 56 months). The presentation in 11 patients was ambiguous genitalia, and the rest 5 patients were suspected to have DSD in preoperative examination before hypospadias repair. The karyotypes were 46, XX in 11 patients, 46, XX/46, XY in 3, 46, XX/47, XXY in 1, and 46, XY in 1. Initial reared sex was male in 14 patients, female in 1, and undetermined in 1. After surgery, genders were reassigned in 3 patients, while 15 patients were raised as male with testicular tissue left. Only 1 patient with ovarian tissue left was raised as female. Repair was completed in 11 males and 1 female, and stage I urethroplasty was done in 4 males. No further surgery to remove the gonads was needed for inconsonance of gender assignment. No gonadal tumors were detected. Conclusions: OT-DSD is a rare and complex deformity with few systematic reports in China. It's important to establish a regular algorithm for evaluation and treatment of OT-DSD. Copyright © 2017 The Author(s).
356.
Severe camphor poisoning, a seven-year observational study.
Rahimi M., Shokri F., Hassanian-Moghaddam H., Zamani N., Pajoumand A., Shadnia S.
Embase
Environmental Toxicology and Pharmacology. 52 (pp 8-13), 2017. Date of Publication: 01 Jun 2017.
[Article]
AN: 615017412
In a retrospective case series from 2007 to 2014, we searched for any accidental/intentional, and recreational cases of pure camphor poisoning through hospital records. Epidemiological data, as well as factors correlated with seizure, were evaluated. Thirty cases including 29 males were recruited with a median age of 18 years (range: 0.2-87). Patient's reported ingestion rate of camphor was 1.5-15 grams. Almost all of the patients (96.7%) were conscious on arrival time and the ingestion to the presentation time ratio was 7 +/- 5 h. It was observed that in a majority of the cases (53.4%), decreasing libido was the main intent of Camphor ingestion. Nausea and vomiting occurred in 22 (73.3%) cases and tonic-clonic seizure was seen in 12 (40%) patients. Mean presentation time was significantly longer in patients who experienced seizure (9.1 +/- 6.1 h vs. 5.2 +/- 2.8 h, p = 0.05). No correlation was found between the amount of ingested camphor (grams or mg/kg) and vital signs along with the bio-chemistry results. Not only did all of our cases survive but also they exclusively received supportive care. Copyright © 2017 Elsevier B.V.
Status
EMBASE
Introduction The prevalence of metabolic syndrome (MetS) is rapidly increasing in the United States and, because of its strong association with male hypogonadism, has become a significant topic of interest in the sexual medicine community. At the center of this conversation is the efficacy and safety of testosterone replacement therapy (TRT) as a therapeutic option for HG and MetS. Aim To provide a review of the current literature pertaining to TRT and MetS. Methods A thorough literature review was performed to review the relation between TRT and MetS using the PubMed online database from 1976 through 2016 with the keywords testosterone, hypogonadism, metabolic syndrome, and testosterone therapy. Main Outcome Measures Outcomes pertaining to MetS including weight, waist circumference, body mass index, blood glucose control, cholesterol parameters, blood pressure, and quality of life. Results From the plethora of contrasting literature on the efficacy and safety of TRT, it is increasingly clear that more well-designed studies are needed to clarify the efficacy and safety of TRT. Although most of
the current literature shows that TRT has the potential to significantly lower the studied outcome variables associated with MetS, several studies provide more mixed results. Conclusion TRT has the potential to alleviate some of the morbidity associated with hypogonadism and MetS. Larger multicenter well-designed studies are needed to better describe and quantify the relation between MetS and TRT. Anaissie J, Roberts NH, Wang P, et al. Testosterone Replacement Therapy and Components of the Metabolic Syndrome. Sex Med Rev 2017;5:200-210. Copyright © 2017 International Society for Sexual Medicine

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358.
State-of-the-Art: a Review of Cardiovascular Effects of Testosterone Replacement Therapy in Adult Males.
Elsherbiny A., Tricomi M., Bhatt D., Dandapantula H.K.
Embase
Current Cardiology Reports. 19 (4) (no pagination), 2017. Article Number: 35. Date of Publication: 01 Apr 2017.
[Review]
AN: 615088420
Purpose of Review: According to an Endocrine Society Clinical Practice Guideline published in June 2010, testosterone replacement therapy (TRT) should be administered only to men who are
hypogonadal with documented low testosterone level on two morning measurements. This recommendation was based on previous studies that did not show an increased risk in cardiovascular events with TRT. In contrast, recent studies did show an increased risk which prompted the FDA to investigate further. Recent Findings: Multiple studies suggested an increased risk in cardiovascular events among groups of men prescribed TRT. Summary: There is recent evidence that TRT can be associated with higher cardiovascular risks, while these risks are still not well established, and more well-designed trials are needed. Physicians should always be cautious when prescribing TRT to their patients. Potential risks should be discussed with each patient, and TRT requires regular monitoring to help minimize side effects. Copyright © 2017, Springer Science+Business Media New York.
To determine the clinical and demographic correlates of persistent, remitting, and new-onset impulse control behaviors (ICBs) before and after subthalamic deep brain stimulation (STN-DBS) in Parkinson's disease (PD). We compared the pre- and post-surgical prevalence of ICBs, classified as impulse control disorders (ICD), dopamine dysregulation syndrome (DDS), and punding in 150 consecutive PD STN-DBS-treated patients and determined the association with motor, cognitive, neuropsychological, and neuropsychiatric endpoints. At baseline (before STN-DBS), ICBs were associated with younger age (p = 0.045) and male gender (85 %; p = 0.001). Over an average follow-up of 4.3 +/- 2.1 years of chronic STN-DBS there was an overall trend for reduction in ICBs (from 17.3 to 12.7 %; p = 0.095) with significant improvement in hypersexuality (12-8.0 %; p = 0.047), gambling (10.7-5.3 %; p = 0.033), and DDS (4.7-0 %; p < 0.001). ICB remitted in 18/26 patients (69 %) and persisted in 8/26 (31 %); the latter group was characterized by higher levodopa equivalent daily dose. Patients who developed a new-onset ICB during follow-up (n = 11/150) were characterized by younger age (p = 0.042), lower dyskinesia improvement (p < 0.035), and a gender distribution with higher prevalence of women (p = 0.018). In addition, new-onset ICB was more common among patients with borderline, schizoid, and/or schizotypal traits of personality disorders; persistent ICB in those with obsessive-compulsive traits. PD-related ICBs exhibit a complex outcome after STN-DBS, with a tendency for overall reduction but with age, gender, dopaminergic therapy, and neuropsychiatric features exerting independent effects.

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Publisher
Dr. Dietrich Steinkopff Verlag GmbH and Co. KG
Hypogonadal men with type 2 diabetes mellitus have smaller bone size and lower bone turnover. Colleluori G., Aguirre L., Dorin R., Robbins D., Blevins D., Barnouin Y., Chen R., Qualls C., Villareal D.T., Armamento-Villareal R.

Bone. 99 (pp 14-19), 2017. Date of Publication: 01 Jun 2017.

Introduction Both hypogonadism and type 2 diabetes mellitus (T2D) are associated with increased fracture risk. Emerging data support the negative effect of low testosterone on glucose metabolism, however, there is little information on the bone health of hypogonadal men with diabetes. We evaluated the bone mineral density (BMD), bone geometry and bone turnover of hypogonadal men with T2D compared to hypogonadal men without diabetes. Materials and Methods Cross-sectional study, men 40-74 years old, with average morning testosterone (done twice) of < 300 ng/dl. Areal BMD (aBMD) was measured by DXA; volumetric BMD (vBMD) and bone geometry by peripheral-quantitative-computed-tomography; serum C-telopeptide (CTX), osteocalcin, sclerostin and sex hormone-binding globulin (SHBG) by ELISA, testosterone and 25-hydroxyvitamin D (25OHD) by automated immunoassay and estradiol by liquid-chromatography/mass-spectrometry. Groups were compared by ANOVA adjusted for covariates.

Results One-hundred five men, 49 with and 56 without diabetes were enrolled. Adjusted vBMD at 38% tibia was higher in diabetic than non-diabetic men (857.3 +/- 69.0 mg/cm3 vs. 828.7 +/- 96.7 mg/cm3, p = 0.02). Endosteal (43.9 +/- 5.8 mm vs. 47.1 +/- 7.8 mm, p = 0.04) and periosteal (78.4 +/- 5.0 mm vs. 81.3 +/- 6.5 mm, p = 0.02) circumferences and total area (491.0 +/- 61.0 mm2 vs. 527.7 +/- 87.2 mm2, p = 0.02) at 38% tibia, were lower in diabetic men even after adjustments for covariates. CTX (0.25 +/- 0.14 ng/ml vs. 0.40 +/- 0.19 ng/ml, p < 0.001) and osteocalcin (4.8 +/- 2.8 ng/ml vs. 6.8 +/- 3.5 ng/ml, p = 0.006) were lower in diabetic men; there were no differences in sclerostin and 25OHD. Circulating gonadal hormones were comparable between the groups. Conclusion Among hypogonadal men, those with T2D have higher BMD,
poorer bone geometry and relatively suppressed bone turnover. Studies with larger sample size are needed to verify our findings and possible even greater risk for fractures among hypogonadal diabetic men. Copyright © 2017


Embase
Neurourology and Urodynamics. 36 (3) (pp 636-639), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 608634761

Aim: To investigate the effect of bariatric surgery on male lower urinary tract symptoms (LUTS) and sexual function. Methods: Fifty-five consecutive obese men who underwent a laparoscopic sleeve gastrectomy were prospectively enrolled. Two validated questionnaires, the International Prostate Symptoms Score (IPSS) and the International Index of Erectile Function (IIEF) were used to assess LUTS and sexual function, before and 3 months after surgery. Fifty-three men (mean age 39 +/- 12.5 years) completed all pre and postoperative questionnaires. Mean body mass index (BMI) before and 3 months after surgery was 42.8 +/- 5.3 and 31.3 +/- 5.4 kg/m²; respectively. Results: Preoperatively, 41 (77%) men (mean age 40 +/- 12.9, mean BMI 42.2 +/- 5 kg/m²) had some degree of LUTS and 39 (74%) men (mean age 40.7 +/- 12.4, mean BMI 42.8 +/- 5.6 kg/m²) were sexually active. Postoperatively, the total IPSS score decreased significantly (5.5 +/- 4.4 vs. 2.7 +/- 2.6; P < 0.001), however this change was due to improvement in storage phase LUTS, measured by questions 2, 4, and 7 of the IPSS questionnaire. No statistically significant changes of voiding phase LUTS, measured by questions 1, 3, 5, 6 of the IPSS, were observed. Of the various aspects of sexual dysfunction, only erectile function, measured by questions 1-5 and 15 of the IIEF questionnaire was significantly improved (22.7 +/- 7.2 vs. 26.1 +/- 6.5, P = 0.02). Postoperative overall intercourse satisfaction (9.5 +/- 4.2 vs. 11.5 +/- 3, P = 0.01) and overall satisfaction (7.9 +/- 2.5 vs. 8.9 +/- 1.3, P = 0.02) were significantly improved as well. Conclusion: Male storage phase LUTS and erectile function were significantly and rapidly improved following bariatric surgery. Larger and long-term studies are required to investigate these apparently beneficial effects. Neurourol. Urodynam. 36:636-639, 2017. © 2016 Wiley Periodicals, Inc. Copyright © 2016 Wiley Periodicals, Inc.
It is well recognized that bone loss accelerates in hypogonadal states, with female menopause being the classic example of sex hormones affecting the regulation of bone metabolism. Underrepresented is our knowledge of the clinical and metabolic consequences of overt male hypogonadism, as well as the more subtle age-related decline in testosterone on bone quality. While menopause and estrogen deficiency are well-known risk factors for osteoporosis in women, the effects of age-related testosterone decline in men on bone health are less well known. Much of our knowledge comes from observational studies and retrospective analysis on small groups of men with variable causes of primary or secondary hypogonadism and mild to overt testosterone deficiencies. This review aims to present the current knowledge of the consequences of adult male hypogonadism on bone metabolism. The direct and indirect effects of testosterone on bone cells will be explored as well as the important differences in male osteoporosis and assessment as compared to that in females. The clinical consequence of both primary and secondary hypogonadism, as well as testosterone decline in older males, on bone density and fracture risk in men will be summarized. Finally, the therapeutic options and their efficacy in male osteoporosis and hypogonadism will be discussed.
Long-term efficacy of a combination therapy with an anticholinergic agent and an alpha1-blocker for patients with benign prostatic enlargement complaining both voiding and overactive bladder symptoms: A randomized, prospective, comparative trial using a urodynamic study.

Matsukawa Y., Takai S., Funahashi Y., Kato M., Yamamoto T., Gotoh M.

Embase
Neurourology and Urodynamics. 36 (3) (pp 748-754), 2017. Date of Publication: 01 Mar 2017.

[Article]
AN: 609896815

Aims: We evaluated long-term efficacy and safety of a combination therapy (CT) with an anticholinergic agent and an alpha1-blocker for patients with benign prostatic enlargement (BPE) complaining of voiding and overactive bladder (OAB) symptoms, in comparison with those of alpha1-blocker monotherapy (MT), by conducting a urodynamic study (UDS). Methods: This was a randomized prospective study involving 120 outpatients with untreated BPE associated with urinary urgency at least once per week and OABSS of >3. The patients were randomly assigned to receive MT with silodosin at 8 mg/day or CT with silodosin at 8 mg/day and propiverine at 20 mg/day. Changes in parameters from baseline to 12 weeks and 1 year after administration were assessed based on IPSS, IPSS-QOL, OABSS, and voiding and storage functions as measured by UDS. Results: In efficacy analysis, 53 patients with MT and 51 with CT were included. Although mean IPSS and OABSS significantly improved in both groups, the CT group showed statistically significant improvement in OABSS (-3.4 in CT, -2.4 in MT, P = 0.04), IPSS-QOL (-1.9, -1.2, P = 0.01), and OAB-urgency score (-1.8, -1.2, P < 0.01) at the long-term evaluation. In storage function, both groups showed significant improvements, but the CT group demonstrated a greater improvement in terms of disappearance rate of detrusor overactivity (54.5% in CT, 34.2% in MT, P = 0.07) and bladder capacity (+61 mL, +33 mL, P = 0.02). Conclusions: Long-term combination treatment with silodosin and propiverine was effective and safe for BPE.
Risk factors for injuries associated with damage claims following groin hernia repair.

Nordin P., Ahlberg J., Johansson H., Holmberg H., Hafstrom L.

Embase

Hernia. 21 (2) (pp 215-221), 2017. Date of Publication: 01 Apr 2017.

[Article]

AN: 614361408

Purpose: Surgical repair of groin hernia should be carried out with minimal complication rates, and it is important to have regular quality control and accurate means of assessment. The Swedish healthcare system has a mutual insurance company (LOF) that receives claims from patients who have suffered healthcare-related damage or malpractice. The Swedish Hernia Register (SHR) currently covers around 98% of all Swedish groin hernia operations. The aim of this study was to analyse damage claims following groin hernia repair surgery and link these with entries in the SHR, in order to identify risk factors and causes of injuries and malpractice associated with hernia repair. Methods: Data on all 48,574 groin hernia operations registered in the SHR between 2008 and 2010 were compared and linked with data on claims made to the Swedish National Patient Injury Insurance (LOF). Results: Of the 130 damage claims received by LOF, 26 dealt with bleeding, 20 with testicular injury and 7 with intestinal lesions. Eighty (62%) of the complications were considered malpractice according to the Swedish Patient Injury Act. Acute
and recurrent surgery, sutured repair and general anaesthesia were associated with a significantly increased risk for a damage claim independently the patients were compensated or not. Females filed claims in greater proportion than males. There was no significant difference in background factors between claims accepted by LOF and compensated and those who were rejected compensation. Conclusion: Risk factors for filing a damage claim included acute surgery, operation for recurrence, sutured repair and general anaesthesia, whereas local anaesthesia reduced the risk. Copyright © 2017, The Author(s).

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365.
A national survey of current practices of preparation and management of radical prostate radiotherapy patients during treatment.
Nightingale H., Conroy R., Elliott T., Coyle C., Wylie J.P., Choudhury A.
Embase
Radiography. 23 (2) (pp 87-93), 2017. Date of Publication: 01 May 2017.
Aims Radiotherapy is an important radical treatment for prostate cancer patients with services continually evolving. This survey aims to gain an insight into the variation of radiotherapy practices in the UK, focussing on pre-treatment preparations, on-treatment review and management of radical prostate cancer patients undergoing radiotherapy. To our knowledge this is the first survey reported focussing on prostate radiotherapy practices with responses from a mix of health professionals.

Materials and methods A national survey was designed based on current known practices in supportive care and management of prostate cancer patients. The survey was distributed to lead radiotherapy personnel in radiotherapy services across the UK with a 77% response rate (n = 54). Results Pre-treatment protocols were mandated in the majority of departments. Use of bladder filling (98%) and bowel emptying (66%) were frequently deployed. Bowel preparation varied between use of laxatives (13%) or enemas (41%) to achieve consistency. On-treatment reviews were carried out by a mix of health professionals; most commonly shared between oncologists and radiographers (20%). Radiographers reviewing patients were independent prescribers in 22% of departments. Toxicity grading tools were not used by almost half of departments (47%) either at baseline and/or on-treatment reviews. Written information about follow-up was given to patients towards the end of their radiotherapy; however, fewer departments included the length of hormone duration (13%).

Conclusion This survey has demonstrated variations in practice exist across the UK. These variations suggest that important questions about the best methods for treatment accuracy and patient management need to be established through further research.


Embase
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AN: 615380486

Context: Surgical nonautologous meshes have been used for several decades to repair abdominal wall herniae. Implantable materials have been adopted for the treatment of female and male stress urinary incontinence (SUI) and female pelvic organ prolapse (POP). Objective: A consensus review of existing data based on published meta-analyses and reviews. Evidence acquisition: This document summarises the deliberations of a consensus group meeting convened by the European Association of Urology (EAU) and the European Urogynecological Association, to explore the current evidence relating to the use of polypropylene (PP) materials used for the treatment of SUI and POP, with reference to the 2016 EAU guidelines (European Association of Urology 2016), the European Commission's SCENIHR report on the use of surgical meshes (SCENIHR 2015), other available high-quality evidence, guidelines, and national recommendations. Evidence synthesis: Current data suggest that the use of nonautologous durable materials in surgery has well-established benefits but significant risks, which are specific to the condition and location they are used for. Various graft-related complications have been described such as infection, chronic pain including dyspareunia, exposure in the vagina, shrinkage, erosion into other organs of xenografts, synthetic PP tapes (used in SUI), and meshes (used in POP) which differ from the complications seen with abdominal herniae. Conclusions: When considering surgery for SUI, it is essential to evaluate the available options, which may include synthetic midurethral slings (MUSs) using PP tapes, bulking agents, colposuspension, and autologous sling surgery. The use of synthetic MUSs for surgical treatment of SUI in both male and female patients has good efficacy and acceptable morbidity. Synthetic mesh for POP
should be used only in complex cases with recurrent prolapse in the same compartment and restricted to those surgeons with appropriate training who are working in multidisciplinary referral centres. Patient summary: Synthetic slings can be safely used in the surgical treatment of stress incontinence in both male and female patients. Patients need to be aware of the alternative therapy and potential risks and complications of this therapy. Synthetic mesh for treating prolapse should be used only in complex cases with recurrent prolapse in specialist referral centres. Contemporary surgical mesh for stress urinary incontinence is appropriate for adequately assessed and counselled patients, with surgery performed by an experienced surgeon. Contemporary surgical mesh for pelvic organ prolapse should be used only in highly selected situations after careful consideration, when no alternative exists. Copyright © 2017 European Association of Urology.

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367.
Effects of female genital mutilation/cutting on the sexual function of Sudanese women: A cross-sectional study.
Rouzi A.A., Berg R.C., Sahly N., Alkafy S., Alzaban F., Abduljabbar H.
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[Article In Press]
AN: 615370920
Background: Female genital mutilation/cutting (FGM/C) is a cultural practice that involves several types of removal or other injury to the external female genitalia for nonmedical reasons. Although much international research has focused on the health consequences of the practice, little is known about sexual functioning among women with various types of FGM/C. Objective: To assess the impact of FGM/C on the sexual functioning of Sudanese women. Study Design: This is a cross-sectional study conducted at Doctor Erfan and Bagedo Hospital, Jeddah, Saudi Arabia. Eligible women completed a survey and a clinical examination, which documented and verified women's type of FGM/C. The main outcome measure was female sexual function, as assessed by the Arabic Female Sexual Function Index. Results: A total of 107 eligible women completed the survey and the gynecological examination, which revealed that 39% of the women had FGM/C Type I, 25% had Type II, and 36% had Type III. Reliability of self-report of the type of FGM/C was low, with underreporting of the extent of the procedure. The results showed that 92.5% of the women scored lower than the Arabic Female Sexual Function Index cut-off point for sexual dysfunction. The multivariable regression analyses showed that sexual dysfunction was significantly greater with more extensive type of FGM/C, across all sexual function domains (desire, arousal, lubrication, orgasm, satisfaction, and pain) and overall. Conclusion: The study documents that a substantial proportion of women subjected to FGM/C experience sexual dysfunction. It shows that the anatomical extent of FGM/C is related to the severity of sexual dysfunction. Copyright © 2017 Elsevier Inc.
Women's finger pressure sensitivity at rest and recalled body awareness during partnered sexual activity.

Costa R.M., Pestana J., Costa D., Wittmann M.

Embase
[Article In Press]
AN: 615367856

Greater vibrotactile sensitivity has been related to better erectile function in men, and vibrotactile and pressure tactile sensitivity have been related to better sexual function in women. Our previous study found that, for both sexes, greater recalled body awareness during last sexual relation correlated with greater recalled desire and arousal. Using the same sample of that study (68 women and 48 men, recruited in the Lisbon area, Portugal), we tested if greater recalled body awareness during last sexual relation correlates with tactile pressure sensitivity, as assessed by von Frey microfilaments. In simple and partial correlations controlling for social desirability and smoking before last sex, the hypothesis was confirmed for women, but not for men. Greater tactile sensitivity might enhance sexual arousal through greater awareness of the body during sex, and/or more frequent and pleasant body sensations during sex might lead to greater tactile sensitivity in nonsexual situations. Pressure sensitivity might be more closely linked to sexual arousal in women than in men. International Journal of Impotence Research advance online publication, 13 April 2017; doi:10.1038/ijir.2017.13. Copyright © 2017 Macmillan Publishers Limited, part of Springer Nature.
Effect of Chinese Herbal Medicine on Male Infertility.
Jiang D., Coscione A., Li L., Zeng B.-Y.
Embase
[Article In Press]
AN: 615348344
Male infertility normally refers a male's inability to cause pregnancy in a fertile female partner after 1 year of unprotected intercourse. Male infertility in recent years has been attracting increasing interest from public due to the evidence in decline in semen quality. There are many factors contributing to the male infertility including abnormal spermatogenesis; reproductive tract anomalies or obstruction; inadequate sexual and ejaculatory functions; and impaired sperm motility, imbalance in hormone levels, and immune system dysfunction. Although conventional treatments such as medication, surgical operation, and advanced techniques have helped many male with infertility cause pregnancy in their female partners, effectiveness is not satisfactory and associated with adverse effects. Chinese herbal medicine (CHM) has been used to improve male infertility in China for a very long time and has now been increasingly popular in Western countries for treating infertility. In this chapter we summarized recent development in basic research and clinical studies of CHM in treating male infertility. It has showed that CHM improved sperm motility and quality, increased sperm count and rebalanced inadequate hormone levels, and adjusted immune functions leading to the increased number of fertility. Further, CHM in combination with conventional therapies improved efficacy of conventional treatments. More studies are needed to indentify the new drugs from CHM and ensure safety, efficacy, and consistency of CHM. Copyright © 2017 Elsevier Inc.
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ARTICLE IN PRESS
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Date Created
20170417

Introduction: Recent research found gender-related differences in resting-state functional connectivity (rs-FC) measured by functional magnetic resonance imaging (fMRI). To the best of our knowledge, there are no studies examining the differences in rs-FC between men, women, and individuals who report a discrepancy between their anatomical sex and their gender identity, i.e. gender dysphoria (GD). Methods: To address this important issue, we present the first fMRI study systematically investigating the differences in typical resting-state networks (RSNs) and hormonal treatment effects in 26 male-to-female GD individuals (MtFs) compared with 19 men and 20 women. Results: Differences between male and female control groups were found only in the auditory RSN, whereas differences between both control groups and MtFs were found in the auditory and fronto-parietal RSNs, including both primary sensory areas (e.g. calcarine gyrus) and higher order cognitive areas such as the middle and posterior cingulate and dorsomedial prefrontal cortex. Overall, differences in MtFs compared with men and women were more pronounced before cross-sex hormonal treatment. Interestingly, rs-FC between MtFs and women did not differ significantly after treatment. When comparing hormonally untreated and treated MtFs, we found differences in connectivity of the calcarine gyrus and thalamus in the context of the auditory network, as well as the inferior frontal gyrus in context of the fronto-parietal network. Conclusion: Our results provide first evidence that MtFs exhibit patterns of rs-FC which are different from both their assigned and their aspired gender, indicating an intermediate position between the two sexes. We suggest that the present study constitutes a starting point for future research designed to clarify whether the brains of individuals with GD are more similar to their assigned or their aspired gender. Copyright © 2017 Published by Wiley Periodicals, Inc.
Clinical Experience With Penile Traction Therapy Among Men Undergoing Collagenase Clostridium histolyticum for Peyronie Disease.

Embase
Urology. (no pagination), 2017. Date of Publication: October 26, 2016.
[Article In Press]
AN: 615343854

Objective: To evaluate the outcomes in men undergoing collagenase Clostridium histolyticum (CCH) with concurrent penile traction therapy (PTT) for the treatment of Peyronie disease (PD).

Materials and Methods: We identified patients treated with CCH between March 2014 and July
2016. Patients were recommended to perform modeling and PTT between injection series. A final curve assessment was performed after patients completed CCH. A prospective database was maintained, including patient-reported frequency and duration of PTT. Statistical analysis was performed to evaluate outcomes based on use and duration of PTT. Results: A total of 51 patients completed CCH and had complete objective data available for analysis. Mean (standard deviation [SD]) baseline curvature was 66.7 (25.0) degrees, and mean (SD) improvement post CCH was 20.9 (17.3) degrees (P < .0001). Thirty-five (69%) men reported daily PTT for a mean (SD) of 9.8 (6.3) hours per week. No significant difference was identified in the degree of curve improvement based on frequency or duration of PTT (P = .40). Similarly, no associations between PTT and functional outcomes including intercourse restoration and surgery prevention were identified. Stretched penile length increased nonsignificantly by a mean (SD) of +0.4 (1.5) cm in the PTT group, compared with -0.35 (1.5) in the non-PTT group (P = .21). Conclusion: The current series represents a "true-to-life" experience, wherein utilization patterns, attrition, and compliance issues are relevant factors impacting efficacy. PTT use with the Andropenis declined in both frequency and duration with subsequent injection series, and there was no significant difference in curve improvement or stretched penile length with a mean 10 hours of weekly concurrent PTT. Copyright © 2017 Elsevier Inc.

372.
Re: Risk of Erectile Dysfunction Associated with Use of 5alpha-Reductase Inhibitors for Benign Prostatic Hyperplasia or Alopecia: Population Based Studies Using the Clinical Practice Research Datalink.
Efficacy of varicocelectomy in the treatment of hypogonadism in subfertile males with clinical varicocele: A meta-analysis.


Embase
[Article In Press]
AN: 615331072

To reassess the efficacy of varicocelectomy in the treatment of hypogonadism in subfertile males, we carried out a meta-analysis of clinical trials and retrospective studies that compared the pre-operative and postoperative serum testosterone. We searched Embase and PubMed (1980 to May 2016) for studies. Eight studies and 712 patients were included. The combined analysis of seven studies discovered that the mean serum testosterone of patients post-operation improved by 34.3 ng/dl (95% CI: 22.57-46.04, p < .00001, I² = 0.0%) compared with their pre-operative levels. In subgroup analysis, testosterone improvements in the hypogonadal treated subgroup were more significant (improved by 123 ng/dl, 95% CI: 114.61-131.35, p < .00001, I² = 37%) than in the eugonadals, or the untreated controls. In an analysis of surgery versus untreated control
(three studies included), results showed that mean testosterone among hypogonadals increased by 105.65 ng/dl (95% CI: 77.99-133.32), favouring varicocelectomy, as the differences were significant (p < .00001), However, there were insignificant differences in eugonadals (p = .36). In conclusion, varicocelectomy significantly improved testosterone in hypogonadal men with subfertility. Active surgical treatment of varicocele might have a benefit of maintaining healthy androgen levels in subfertile men. Copyright © 2017 Blackwell Verlag GmbH.

Status
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374.
Hybrid Endovascular Aortic Aneurysm Repair: Preservation of Pelvic Perfusion with External to Internal Iliac Artery Bypass.
Embase
[Article In Press]
AN: 615330407

Background: Diminished pelvic arterial flow as a result of intentional coverage/embolization of internal iliac arteries (IIA) during isolated endovascular common iliac artery aneurysm (CIAA) repair or endovascular repair of abdominal aortic aneurysms (EVAR) may result in symptomatic pelvic ischemia. Although generally well tolerated, in severe cases, pelvic ischemia may manifest as recalcitrant buttock claudication, vasculogenic impotence, or perineal, vesicle, rectal, and/or spinal cord ischemia. Branched graft technology has recently become available; however, many patients are not candidates for endovascular repair with these devices. Therefore, techniques to
preserve pelvic arterial flow are needed. We reviewed our outcomes of isolated endovascular CIAA repair or EVAR in conjunction with unilateral external-internal iliac artery bypass. Methods: Single-center, retrospective review of 10 consecutive patients who underwent hybrid endovascular abdominal aortic aneurysm (AAA) or CIAA repair with concomitant external-internal iliac artery bypass between 2006 and 2015. Demographics, index procedural details, postoperative symptoms, hospital length of stay (LOS), follow-up imaging, and bypass patency were recorded. Results: The cohort of 10 patients was all men with a mean age of 71 years (range: 56-84). Hybrid repair consisted of contralateral IIA coil embolization followed by EVAR with external iliac artery-internal iliac artery (EIA-IIA) bypass. All EIA-IIA bypasses were performed via a standard lower quadrant retroperitoneal approach with a prosthetic bypass graft. Technical success was 100%, and there were no perioperative deaths. One patient developed transient paraplegia, 1 patient had buttock claudication on the side of his hypogastric embolization contralateral to his iliac bypass, and 1 developed postoperative impotence. 20% of patients sustained long-term complications (buttock claudication and postoperative impotence). Mean LOS was 2.8 days (range: 1-9 days). Postoperative imaging was obtained in 90% of patients, and mean follow-up was 10.8 months (range: 0.5-36 months). All bypasses remained patent. Conclusions: Although branched graft technology continues to evolve, strategies to maintain adequate pelvic circulation are necessary to avoid the devastating complications of pelvic ischemia. We have demonstrated that a hybrid approach combining EVAR or isolated endovascular common iliac artery exclusion with a unilateral external-internal iliac bypass via a retroperitoneal approach is well tolerated with a short LOS and excellent patency rates.

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2017
Somatic effects of AAS abuse: A 30-years follow-up study of male former power sports athletes.
Lindqvist Bagge A.S., Rosen T., Fahlke C., Ehrnborg C., Eriksson B.O., Moberg T., Thiblin I.

Embase
[Article In Press]
AN: 615329832

Objectives: The aim of the present study was to investigate the association between somatic health and former abuse of AAS in former elite male athletes 30 years after the end of their active sports career. Design: Retrospective follow-up study. Methods: N = 996 former elite male athletes were sent a questionnaire concerning sociodemographic variables, previous and past sport activity and lifetime prevalence of seeking professional help for health problems. N = 683 (68.6%) answered the questionnaire. The lifetime prevalence of AAS-abuse was 21% (n = 143), while 79% (n = 540) did not admit having ever used AAS. Results: Former AAS-abuse was associated with tendon ruptures (p = 0.01), depression (p = 0.001), anxiety (p = 0.01) and lower prevalence of prostate hypertrophy (p = 0.01) and decreased libido (p = 0.01). Former advanced AAS-abusers had higher anxiety (p = 0.004) compared to the former less advanced AAS-abusers. Moreover, former advanced AAS-abusers, compared to AAS-naives, reported more psychiatric problems (p = 0.002), depression (p = 0.003) and anxiety (p = 0.00). Conclusions: A former AAS-abuse seems to be associated with some somatic and mental health problem, although a former less advanced AAS-abuse is related to lower incidence of prostate hypertrophy. The results raise the question whether some of these associations might be dose- and frequency dependent. These findings should however be seen as hypothesis generating and further studies are needed.

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Status
ARTICLE IN PRESS

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Association between asthma and female sex hormones. <Associacao entre asma e hormonios sexuais femininos.>
Baldacara R.P.C., Silva I.
Embase
[Article]
AN: 615243865

CONTEXT AND OBJECTIVE: The relationship between sex hormones and asthma has been evaluated in several studies. The aim of this review article was to investigate the association between asthma and female sex hormones, under different conditions (premenstrual asthma, use of oral contraceptives, menopause, hormone replacement therapy and pregnancy). DESIGN AND SETTING: Narrative review of the medical literature, Universidade Federal do Tocantins (UFT) and Universidade Federal de Sao Paulo (Unifesp). METHODS: We searched the CAPES journal portal, a Brazilian platform that provides access to articles in the MEDLINE, PubMed, SciELO, and LILACS databases. The following keywords were used based on Medical Subject Headings: asthma, sex hormones, women and use of oral contraceptives. RESULTS: The associations between sex hormones and asthma remain obscure. In adults, asthma is more common in women than in men. In addition, mortality due to asthma is significantly higher among females. The immune system is influenced by sex hormones: either because progesterone stimulates progesterone-induced blocking factor and Th2 cytokines or because contraceptives derived from progesterone and estrogen stimulate the transcription factor GATA-3. CONCLUSIONS: The
associations between asthma and female sex hormones remain obscure. We speculate that estrogen fluctuations are responsible for asthma exacerbations that occur in women. Because of the anti-inflammatory action of estrogen, it decreases TNF-alpha production, interferon-gamma expression and NK cell activity. We suggest that further studies that highlight the underlying physiopathological mechanisms contributing towards these interactions should be conducted.

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377.
Lower urinary tract symptoms related to benign prostatic hyperplasia and erectile dysfunction: A systematic review. <Symptomes du bas appareil urinaire secondaire a une hyperplasie benigne de prostate et dysfonction erectile : une revue systematique de la litterature.>
Peyronnet B., Seisen T., Phe V., Misrai V., de la Taille A., Roupret M.
Embase
[Article]
AN: 613182643
Aim To provide a systematic review of epidemiological data regarding the association between erectile dysfunction (ED) and lower urinary tract symptoms (LUTS) in men. Search strategy A research has been conducted on the Medline database using the keywords: ("erectile dysfunction" or "sexual dysfunction") and ("benign prostatic hyperplasia" or "lower urinary tract symptoms"). The eligibility of studies was defined using the PICOS method in accordance with the PRISMA statement. Cross-sectional studies and prospective cohorts assessing the
association between LUTS and ED in the primary care setting or in general practice (i.e. exclusion of patients seen in outpatient urology or andrology) were included. Results Among 898 reports assessed, seven studies were included in this systematic review (whole cohort: 1,196,393 men). There were five cross-sectional studies and two prospective cohorts. The whole seven studies reported an association between LUTS and ED (range of odds-ratio: 1.52-4.03). Four common pathogenic mechanisms were found in the literature, all of them being somewhat related with metabolic syndrome and cardiovascular risk factors: reduced nitric oxide (NO) pathway signalling, increased RhoA-Rho kinase signalling, autonomic nervous system hyperactivity and pelvic atherosclerosis. Limitations The main limitations of this review were: a possible publication bias, the relatively low number of included studies and the lack of assessment of potential confounders such as factors related to sexual partner. Conclusion The close epidemiological and pathogenic links between LUTS and ED have given rise to a new nosological entity: the erectile urogenital dysfunction, which should be assessed globally with special considerations to frequently associated comorbidities such as metabolic syndrome and cardiovascular risk factors. Copyright © 2016 Elsevier Masson SAS


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Year of Publication 2017
Collagenase Clostridium histolyticum in the treatment of Peyronie’s disease: Patient selection and perspectives.


Embase

Patient Preference and Adherence. 11 (pp 431-448), 2017. Date of Publication: 02 Mar 2017.
[Review]

AN: 614854632

The safety and efficacy of the use of collagenase Clostridium histolyticum (CCH) for the treatment of Peyronie’s disease has been confirmed over the past several years. However, identification of the ideal patient population for use of this treatment is not well established. Multiple studies have attempted to delineate various patient-specific factors that may predict response to treatment with CCH, with the intent of enhancing patient selection. To date, these include baseline curvature severity, duration of disease, disease phase at presentation, plaque calcification, baseline erectile function, plaque size, age, comorbid diabetes, previous penile trauma, responsiveness to first treatment cycle, baseline penile shortening or pain, prior treatment with intralesional injection, compliance with plaque modeling, and atypical curvature. In addition, other studies have sought to explore various aspects of treatment with CCH that may affect patient perspective of treatment. They have focused on patient-reported outcomes, female partner considerations, cost of treatment, and potential confounders of patient satisfaction. This review provides a summary and analysis of currently available literature on topics of patient selection and perspectives in regard to treatment of Peyronie’s disease with CCH. Copyright © 2017 Kuhlmann et al.
Introduction Penile prosthesis implantation is believed to provide a high level of patient satisfaction. The International Index of Erectile Function and the Erectile Dysfunction Inventory of Treatment Satisfaction are two validated questionnaires that have been used to assess this outcome. The lack of a tool specifically validated for patients undergoing penile prosthesis surgery has led to the use of heterogeneous methods to assess patient satisfaction. Aim To review the assessment of patient satisfaction with penile prosthesis surgery according to several factors. Methods A literature review was performed through PubMed from January 2000 through February 2016 addressing patient satisfaction after penile prosthesis surgery. Main Outcome Measures Patient satisfaction according to the characteristics of penile prosthesis devices and different clinical contexts. Results Forty-eight articles were selected. Of these, 66.2% used non-validated questionnaires to assess patient satisfaction. Device characteristics, patient comorbidities, and partner profile are potential factors that can determine patient satisfaction. Conclusion Patient satisfaction is a meaningful outcome of penile prosthesis surgery modulated by different conditions. The rigor of this assessment in the literature is limited. The validation of a scale designed for patients with penile prosthesis surgery is needed to optimize clinical practice.
The role of rs1984112_G at CD36 gene in increasing reticulocyte level among sickle cell disease patients.
Kalai M., Dridi M., Chaouch L., Moumni I., Ouragini H., Darragi I., Boudrigua I., Chaouachi D., Mellouli F., Bejaoui M., Abbes S.

Aims and background: Mediators of adhesion become a potential new target for pharmacological therapy to struggle the complications of sickle cell disease (SCD). Several mechanisms for increased adherence have been postulated and the well-studied are CD36 and VLA4 which encoded by ITGA4. Herein, we sought to determine whether one polymorphism of CD36 namely: rs1984112 and three exons of ITGA4 (4, 5, and 6) are implicated in hemolytic status and clinical events among SCD Tunisian patients.

Material and methods: This study enrolled 99 unrelated Tunisian subjects (63 SS and 36 Sbeta). All SCD patients are children (less than 16 years old). The rs1984112 and the ITGA4’s exons 4, 5, and 6 were analyzed for all subjects by PCR/sequencing. The association of each genotype found with both clinical complications and hemolytic status was performed using t-test. Clinical events studied included vaso-occlusive crisis (VOC), osteonecrosis, stroke, frequent infection, priapism, and acute syndrome. Results: The results show that rs1984112_G allele at CD36 gene revealed to be associated with higher levels of reticulocyte count (p < 0.01). The statistical result show a near significance of homozygous mutant GG genotype with VOC (p = 0.051). No association between rs1984112_G allele and the clinical severity of SCD were found. Mutational screening of exon 4, 5, and 6 of ITGA4 gene revealed absence of mutated variant. Conclusion: Our results are similar to those found in Portuguese population which reported the role of rs1984112_G in increasing reticulocyte level among SCD patients. Consequently, the rs1984112_G of CD36 could be considered as a reliable biomarker for predicting patients at high risk for vascular occlusions and thus, allows earlier and more effective therapeutic management.

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381.
Embase
[Article]
AN: 614676118
Purpose Although testosterone replacement therapy use in the United States has increased dramatically in the last decade, to our knowledge trends in testosterone replacement therapy use among reproductive-age men have not been investigated. We assessed changes in testosterone replacement therapy use and practice patterns among 18 to 45-year-old American men from 2003 to 2013 and compared them to older men. Materials and Methods This is a retrospective, cross-sectional analysis of men 18 to 45 and 56 to 64 years old who were enrolled in the Truven Health MarketScan Commercial Claims Databases throughout each given calendar year from 2003 to 2013, including 5,094,868 men in 2013. Trends in the yearly rates of testosterone replacement therapy use were calculated using Poisson regression. Among testosterone
replacement therapy users, the Cochran-Armitage test was used to assess temporal trends in age, formulation type, semen analysis and serum testosterone level testing during the 12 months preceding the documented use of testosterone replacement therapy. Results Between 2003 and 2013, there was a fourfold increase in the rate of testosterone use among 18 to 45-year-old men from 29.2/10,000 person-years to 118.1/10,000 person-years (p <0.0001). Among testosterone replacement therapy users, topical gel formulations were initially most used. Injection use then doubled between 2009 and 2012 (23.5% and 46.2%, respectively) and surpassed topical gel use in 2013. In men 56 to 64 years old there was a statistically significant threefold increase in testosterone replacement therapy use (p <0.0001), which was significantly smaller than the fourfold increase in younger men (p <0.0001). Conclusions In 2003 to 2013, testosterone replacement therapy use increased fourfold in men 18 to 45 years old compared to threefold in older men. This younger age group should be a focus for future studies due to effects on fertility and unknown long-term sequelae. Copyright © 2017 American Urological Association Education and Research, Inc.

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382.
NR5A1 is a novel disease gene for 46,XX testicular and ovotesticular disorders of sex development.

Embase
Genetics in Medicine. 19 (4) (pp 367-376), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 615245660

Purpose: We aimed to identify the genetic cause in a cohort of 11 unrelated cases and two sisters with 46,XX SRY-negative (ovo)testicular disorders of sex development (DSD). Methods: Whole-exome sequencing (n = 9), targeted resequencing (n = 4), and haplotyping were performed. Immunohistochemistry of sex-specific markers was performed on patients’ gonads. The consequences of mutation were investigated using luciferase assays, localization studies, and RNA-seq. Results: We identified a novel heterozygous NR5A1 mutation, c.274C>T p.(Arg92Trp), in three unrelated patients. The Arg92 residue is highly conserved and located in the Ftz-F1 region, probably involved in DNA-binding specificity and stability. There were no consistent changes in transcriptional activation or subcellular localization. Transcriptomics in patient-derived lymphocytes showed upregulation of MAMLD1, a direct NR5A1 target previously associated with 46,XY DSD. In gonads of affected individuals, ovarian FOXL2 and testicular SRY-independent SOX9 expression observed. Conclusions: We propose NR5A1, previously associated with 46,XY DSD and 46,XX primary ovarian insufficiency, as a novel gene for 46,XX (ovo)testicular DSD. We hypothesize that p.(Arg92Trp) results in decreased inhibition of the male developmental pathway through downregulation of female antitestis genes, thereby tipping the balance toward testicular differentiation in 46,XX individuals. In conclusion, our study supports a role for NR5A1 in testis differentiation in the XX gonad.  Copyright © The Author(s) 2016.

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383.
The Effect of Dutasteride on Magnetic Resonance Imaging Defined Prostate Cancer: MAPPED-A Randomized, Placebo Controlled, Double-Blind Clinical Trial.
Embase
[Article]
AN: 614669385
Purpose Dutasteride, which is licensed for symptomatic benign prostatic hyperplasia, has been associated with a lower progression rate of low risk prostate cancer. We evaluated the effect of dutasteride on prostate cancer volume as assessed by T2-weighted magnetic resonance imaging. Materials and Methods In this randomized, double-blind, placebo controlled trial, men with biopsy proven, low-intermediate risk prostate cancer (up to Gleason 3 + 4 and PSA up to 15 ng/ml) who had visible lesion of 0.2 ml or greater on T2-weighted magnetic resonance imaging sequences were randomized to daily dutasteride 0.5 mg or placebo for 6 months. Lesion volume was assessed at baseline, and 3 and 6 months with image guided biopsy to the lesion at study exit. The primary end point was the percent reduction in lesion volume over 6 months. This trial was registered with the European Clinical Trials register (EudraCT 2009-102405-18). Results A
total of 42 men were recruited between June 2010 and January 2012. In the dutasteride group, the average volumes at baseline and 6 months were 0.55 and 0.38 ml, respectively and the average reduction was 36%. In the placebo group, the average volumes at baseline and 6 months were 0.65 and 0.76 ml, respectively, and the average reduction was -12%. The difference in percent reductions between the groups was 48% (95% CI 27.4-68.3, p <0.0001). The most common adverse event was deterioration in erectile function, which was 25% in men randomized to dutasteride and 16% in men randomized to placebo. Conclusions Dutasteride was associated with a significant reduction in prostate cancer volume on T2-weighted magnetic resonance imaging compared to placebo. Copyright © 2017 American Urological Association Education and Research, Inc.

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384.
Reconstruction of Penile Shaft Defects Following Silicone Injection by Bipedicled Anterior Scrotal Flap.
Fakin R., Zimmermann S., Jindarak S., Lindenblatt N., Giovanoli P., Suwajo P.
Embase
[Article]
AN: 614661103
Purpose Numerous causalities, including attempts at penile augmentation with silicone or paraffin, can lead to extensive circular penile shaft defects. Reconstruction is challenging and
skin grafting is a suboptimal option despite its widespread use. We present a surgical technique for penile shaft reconstruction with a bipedicled anterior scrotal flap. Materials and Methods A retrospective data analysis was performed of patients treated for symptomatic penile siliconomas who underwent subsequent penile reconstruction with a bipedicled anterior scrotal flap between 2010 and 2015. The surgical technique is described and depicted in detail. Results A total of 43 men were treated with radical circular excision of penile siliconomas and extensive shaft defects were reconstructed with a bipedicled anterior scrotal flap. Mean +/- SD age was 36.95 +/- 11.27 years, mean followup duration was 10.69 +/- 9.54 months and mean operative time was 2.53 +/- 0.46 hours. The operation proved uneventful in all cases. Only minor complications were observed, such as partial necrosis in 9% of patients, hematoma of the donor site in 12% and partial wound disruption in 19%. The mean patient satisfaction score was 4.37 on a scale of 1 to 5. All patients reported postoperative erection ability and the ability to achieve sexual intercourse. Conclusions We present a surgical technique to reconstruct extensive penile shaft defects with an axial scrotal flap, which provides well vascularized coverage with comparable donor skin quality and thickness. The results are associated with minor donor site morbidity, good functional and aesthetic outcomes, and high patient satisfaction. Copyright © 2017 American Urological Association Education and Research, Inc.

Status
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Institution
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385.
A Comparison of Secondary Polycythemia in Hypogonadal Men Treated with Clomiphene Citrate versus Testosterone Replacement: A Multi-Institutional Study.
Purpose We evaluated the relative prevalence of secondary polycythemia in hypogonadal men treated with clomiphene citrate or testosterone replacement therapy. Materials and Methods In this retrospective, multi-institutional study, we included 188 men who received clomiphene citrate and 175 who received testosterone replacement therapy with symptomatic hypogonadism. The overall prevalence and ORs of secondary polycythemia for clomiphene citrate treatment vs testosterone replacement were primarily measured, as were baseline characteristics. Subset analysis included polycythemia rates for different types of testosterone replacement therapy. Results Overall, men on testosterone replacement therapy were older than clomiphene citrate treated men (age 51.5 vs 38 years). Men on testosterone replacement had longer treatment duration than clomiphene citrate treated men (19.6 vs 9.2 months). For testosterone replacement therapy and clomiphene citrate the mean change in hematocrit was 3.0% and 0.6%, and the mean change in serum testosterone was 333.1 and 367.6 ng/dl, respectively. The prevalence of polycythemia in men on testosterone replacement was 11.2% vs 1.7% in men on clomiphene citrate (p = 0.0003). This significance remained on logistic regression after correcting for age, site, smoking history and pretreatment hematocrit. Conclusions The prevalence of polycythemia in men treated with clomiphene citrate was markedly lower than that in men on testosterone replacement therapy. The improvement in absolute serum testosterone levels was similar to that in men on testosterone replacement. There is no significant risk of polycythemia in men treated with clomiphene citrate for hypogonadism. Copyright © 2017 American Urological Association Education and Research, Inc.
Oestrogen and anti-androgen therapy for transgender women.
Tangpricha V., den Heijer M.

Embase
The Lancet Diabetes and Endocrinology. 5 (4) (pp 291-300), 2017. Date of Publication: 01 Apr 2017.

[Review]
AN: 613940374

Transgender women experience lifelong gender dysphoria due to a gender assignment at birth that is incongruent with their gender identity. They often seek hormone therapy, with or without surgery, to improve their gender dysphoria and to better align their physical and psychological features with a more feminine gender role. Some of the desired physical changes from oestrogen and anti-androgen therapy include decreased body and facial hair, decreased muscle mass, breast growth, and redistribution of fat. Overall the risks of treatment are low, but include thromboembolism, the risk of which depends on the dose and route of oestrogen administration. Other associated conditions commonly seen in transgender women include increased risks of depression and osteoporosis. The risk of hormone-sensitive cancer seems to be low in transgender women, with no increased risk of breast cancer compared with women and no increase in prostate cancer when compared with men. The evidence base for the care of transgender women is limited by the paucity of high-quality research, and long-term longitudinal studies are needed to inform future guidelines.

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Status
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Publisher
Lancet Publishing Group (E-mail: cususerv@lancet.com)
Assessing finasteride-associated sexual dysfunction using the FAERS database.
Gupta A.K., Carviel J., Macleod M.A., Shear N.

Embase
[Article In Press]
AN: 615266477

Background: Postmarketing reports suggest that finasteride causes sexual dysfunction despite a low incidence reported in clinical trials. Therefore, the extent of risk remains unknown. Objective: To determine whether the risk of sexual dysfunction is higher among individuals treated with finasteride compared to a baseline risk for all other drugs using the U.S. Food and Drug Administration Adverse Event Reporting System (FAERS) database. Methods: A case by non-case disproportionality approach was used whereby a reporting odds ratio (ROR) with 95% confidence interval (CI) was calculated. The National Ambulatory Medical Care Survey (NAMCS) was used to confirm results. Results: A significant disproportionality in reporting of sexual dysfunction with the use of finasteride was observed whether finasteride was indicated for hair loss (ROR = 138.17, 95% CI: 133.13, 143.4), prostatic hyperplasia (ROR = 93.88, 95% CI: 84.62, 104.16) or any indication (ROR = 173.18, 95% CI: 171.08, 175.31). When these results were stratified by age, disproportionality was strongest at 31-45 years. Conclusion: Use of finasteride has led to an increase in reports of sexual dysfunction where it is believed to be the primary suspect. Copyright © 2017 European Academy of Dermatology and Venereology.
Effects of Tadalafil 5 mg Dosed Once Daily in Men with Premature Ejaculation.

Ozcan L., Polat E.C., Onen E., Kocaaslan R., Otunctemur A., Cekmen M., Eraldemir C., Ozbek E.

Embase

Urologia Internationalis. 98 (2) (pp 210-214), 2017. Date of Publication: 01 Mar 2017.

Purpose: In this study, we evaluated the effect of 5 mg tadalafil once daily in men with premature ejaculation (PE). Methods: Thirty married men with lifelong PE and 30 healthy men as control group were included in this study. All the patients received 5 mg tadalafil once a day for a month. The international index of erectile function questionnaire and intravaginal ejaculatory latency times (IELTs) and PE profile were recorded before and after treatment. Plasma samples were collected before and after treatment. Results: The mean baseline IELTs was 40.8 +/- 8.1 s in the PE group and 196.5 +/- 26.2 s in the control group. After treatment in the PE group, the mean IELTs values showed a statistically significant improvement from the baseline values. At the end of 4 weeks, in the PE group, the mean IELT values showed a statistically significant improvement from the baseline values. Baseline serum nitric oxide (NO) levels were 27.3 +/- 1.7 in the PE group and in the 31.1 +/- 1.4 healthy control groups. After treatment, NO levels were increased from baseline. Conclusion: We consider that 5 mg tadalafil once daily is safety and effective for the treatment of PE. Copyright © 2016 S. Karger AG, Basel.
Efficacy of Tadalafil De-Escalation in the Treatment of Psychogenic Erectile Dysfunction.
Li G., Lan H., Liang J., Zhang C., Huang C.
Embase
Urologia Internationalis. 98 (2) (pp 205-209), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 610313114
Objectives: To assess the efficacy of tadalafil de-escalation in the therapeutic effects of psychogenic erectile dysfunction (ED) during the 3 months extension phase. Methods: A total of 90 men with mild to severe psychogenic ED were randomly divided into 2 groups: tadalafil 5 mg group and tadalafil de-escalation group. Efficacy assessments included the 5-item version of International Index of Erectile Function (IIEF-5), the Sexual Encounter Profile (SEP) questionnaires, Psychological and Interpersonal Relationship Scales (PAIRS), Erection Hardness Score (EHS). Results: Compared with the baseline, tadalafil 5 mg and de-escalation groups enhanced all efficacy outcomes. Patients receiving tadalafil 5 mg and de-escalation experienced a significant mean improvement in the psychogenic erectile function domain of the IIEF-5 from the baseline (p < 0.01). The mean change from baseline was significantly higher for the tadalafil de-escalation group than for the tadalafil 5 mg group (p < 0.05). Response to SEP3, PAIRS and EHS was significantly higher in the tadalafil de-escalation group than in the tadalafil 5 mg group (p < 0.05). The severity of ED in the tadalafil de-escalation group had reduced after treatment. It was also significantly better than those in the tadalafil 5 mg group (p < 0.05). Conclusion:
Tadalafil de-escalation significantly improved the erectile function among psychogenic ED patients. This implies that tadalafil de-escalation treatment for psychogenic ED is worthy of further clinical practice and research. Copyright © 2016 S. Karger AG, Basel.

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390.
Effectiveness of Phosphodiesterase 5 Inhibitors in the Treatment of Erectile Dysfunction in Patients with Spinal Cord Trauma: Systematic Review and Meta-Analysis.
Garcia-Perdomo H.A., Echeverria-Garcia F., Tobias A.
Embase
Urologia Internationalis. 98 (2) (pp 198-204), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 611674676
Objective: To determine the effectiveness of the Phosphodiesterase 5 (PDE5) Inhibitors for the treatment of erectile dysfunction in patients with spinal trauma. Methods: A systematic review and meta-analysis comparing PDE5 inhibitors versus placebo were carried out for clinical trials conducted between 1980 and 2014 that evaluated male patients older than 18 years, diagnosed with spinal cord trauma and erectile dysfunction. We designed a search strategy for Medline, CENTRAL, EMBASE and other electronic sources. Two investigators independently and blindly screened the studies for inclusion. A random effect meta-analysis was performed. Results: Six studies involving 963 patients were included. Male patients over 18 years with ED attributable or subsequent to traumatic spinal cord injury (SCI) were included from these studies. In 4 of these
studies, patients were randomized to the treatment group receiving sildenafil and the comparison group was placebo. Out of the remaining 2 trials, one compared tadalafil against the placebo and the other vardenafil versus placebo. The improvement on SCIs with PDE5 inhibitors was found to be large (standardized mean difference 0.71; 95% CI 0.39-1.03), with a high heterogeneity (I² = 74.4%). Conclusions: PDE5 inhibitors are effective for the treatment of erectile dysfunction secondary to SCI. Copyright © 2016 S. Karger AG, Basel.

391.
Prevalence of Late-Onset Hypogonadism in Men with Localized and Metastatic Renal Cell Carcinoma.
Ralla B., Magheli A., Wolff I., Erber B., Goranova I., Friedersdorff F., Hinz S., Kempkensteffen C., Miller K., Busch J.

Background: Cancer-related fatigue is a common symptom in patients with renal cell carcinoma (RCC) and can be similar to the fatigue found in late-onset hypogonadism (LOH). The aim of this
study was to investigate the prevalence of LOH in patients with localized RCC (loRCC) and metastatic RCC (mRCC) disease under targeted therapy (TT) and compare the results to findings of epidemiologic studies. Methods: A total of 51 mRCC patients under TT and 33 patients with loRCC undergoing nephrectomy were included. Total testosterone (tT) levels and clinical signs of LOH were recorded (testicular volume, body-mass index (BMI), hip-to-waist ratio, International Index of Erectile Function, IIEF-5, Androgen Deficiency in the Aging Male, ADAM, and quality of life questionnaire-C30). LOH was defined according to current guidelines. Results: Morning tT and calculated free testosterone levels showed no significant difference in patients with mRCC and loRCC (p = 0.551 and p = 0.430). A significant difference was found for clinical signs and symptoms including the ADAM score (p = 0.003), hip-to-waist ratio (p = 0.017) and testicular volume (p < 0.001). IIEF-5 score and BMI were not significantly different. The prevalence of LOH according to the current EAU definition was 13.7 and 15.2% for the mRCC and loRCC cohort, respectively (p = 0.302). Conclusions: LOH was present in a significant proportion of RCC patients. Prevalence rates of LOH were higher in patients with RCC compared to patients without cancer.

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Status
EMBASE
Institution
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392.
Developing and evaluating rare disease educational materials co-created by expert clinicians and patients: the paradigm of congenital hypogonadotropic hypogonadism.
Badiu C., Bonomi M., Borschchevsky I., Cools M., Craen M., Ghervan C., Hauschild M., Hershkovitz E., Hrabovszky E., Juul A., Kim S.-H., Kumanov P., Lecumberri B., Lemos M.C.,
Background: Patients with rare diseases face health disparities and are often challenged to find accurate information about their condition. We aimed to use the best available evidence and community partnerships to produce patient education materials for congenital hypogonadotropic hypogonadism (CHH) and the olfacto-genital (Kallmann) syndrome (i.e., CHH and defective sense of smell), and to evaluate end-user acceptability. Expert clinicians, researchers and patients co-created the materials in a multi-step process. Six validated algorithms were used to assess reading level of the final product. Comprehensibility and actionability were measured using the Patient Education Materials Assessment Tool via web-based data collection. Descriptive statistics were employed to summarize data and thematic analysis for analyzing open-ended responses. Subsequently, translation and cultural adaption were conducted by clinicians and patients who are native speakers. Results: Co-created patient education materials reached the target 6th grade reading level according to 2/6 (33%) algorithms (range: grade 5.9-9.7). The online survey received 164 hits in 2 months and 63/159 (40%) of eligible patients completed the evaluation. Patients ranged in age from 18 to 66 years (median 36, mean 39 +/- 11) and 52/63 (83%), had adequate health literacy. Patients scored understandability at 94.2% and actionability at 90.5%. The patient education materials were culturally adapted and translated into 20 languages (available in Additional file 1). Conclusions: Partnering with patients enabled us to create patient education materials that met patient-identified needs as evidenced by high end-user acceptability, understandability and actionability. The web-based evaluation was effective for reaching dispersed rare disease patients. Combining dissemination via traditional healthcare professional platforms as well as patient-centric sites can facilitate broad uptake of culturally adapted translations. This process may serve as a roadmap for creating patient education materials for other rare diseases. Copyright © 2017 The Author(s).
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Erectile Dysfunction among Patients on Methadone Maintenance Therapy and Its Association with Quality of Life.
Teoh J.B.F., Yee A., Danaee M., Ng C.G., Sulaiman A.H.B.
Embase
[Article]
Objectives: Erectile dysfunction (ED) is a problem commonly encountered by patients on methadone maintenance therapy (MMT). This study aimed to assess the prevalence of ED among this group of patients along with its risk factors and association with quality of life (QOL).

Methods: Male patients on MMT in a tertiary hospital in Malaysia were included in the study. A total of 134 patients with sexual partners were assessed for ED using the International Index of Erectile Function. Patients were assessed for substance use using Opiate Treatment Index (OTI) and depression using the Malay version of the self-rated Montgomery-Asberg Depression Rating Scale (MADRS-BM). QOL was evaluated using World Health Organisation Quality of Life (WHOQOL)-BREF. Results: The prevalence of ED among patients on MMT was 67%, with 26.1% having mild ED, 30.4% having mild-to-moderate ED, 7.0% having moderate ED, and 17.2% having severe ED. Patients with depression were 4 times more likely to have ED compared with patients without depression, whereas increasing age significantly correlated with the severity of ED. Having ED predicted a poorer QOL in the social relationships domain. Conclusion: Depression is highly associated with ED, which negatively influences the social aspect of QOL among patients on methadone maintenance therapy. Copyright © 2016 American Society of Addiction Medicine.

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Discontinuation of Dapoxetine Treatment in Patients With Premature Ejaculation: A 2-Year Prospective Observational Study.
Embase
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AN: 615248527

Introduction: Although dapoxetine is the only oral pharmacologic agent approved for the treatment of premature ejaculation (PE) and is very effective, the discontinuation rate is high.
Aim: To assess the discontinuation rate of patients with PE and the reasons for discontinuation in real-world practice.
Methods: In total, 182 consecutive patients were enrolled. Type of PE, self-estimated intravaginal ejaculation latency time, and medical history were evaluated in all patients who also completed the erectile function domain of the International Index of Erectile Function (IIEF). Visits were scheduled 1, 3, 6, 12, and 24 months after initiation of therapy; treatment status and the reasons for discontinuation in those who did discontinue were checked. The relations of discontinuation rates were compared with various parameters and the time to discontinuation after treatment commencement.
Results: Of all patients, 9.9% continued treatment to 2 years. The cumulative discontinuation rates at 1, 3, 6, 12, and 24 months were 26.4%, 61.6%, 79.1%, 87.3%, and 90.1%, respectively. Moreover, 79.1% of all patients discontinued treatment within 6 months. After 12 months, the discontinuation rate decreased sharply. The reasons for discontinuation were cost (29.9%), disappointment that PE was not curable and that dapoxetine was required every time sexual intercourse was contemplated (25%), side effects (11.6%), perceived poor efficacy (9.8%), a search for other treatment options (5.5%), and unknown (18.3%). Patients with acquired PE (vs lifelong PE), with intravaginal ejaculation latency time longer than 2 minutes before treatment, on phosphodiesterase type 5 inhibitors, and with IIEF erectile function scores lower than 26 tended to discontinue early and thus exhibited high dropout rates.
Conclusion: The treatment discontinuation rate of dapoxetine was very high. The main reasons for discontinuation were the cost and disappointment that treatment was required every time adequate sexual function was required. Park HJ, Park NC, Kim TN, et al.
Discontinuation of Dapoxetine Treatment in Patients With Premature Ejaculation: A 2-Year Prospective Observational Study. Sex Med 2017;X:XXX-XXX. Copyright © 2017 The Authors.
Status
ARTICLE IN PRESS
Institution
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Correlation between peak systolic velocity and diameter of cavernosal arteries in flaccid versus dynamic state for the evaluation of erectile dysfunction.
Souper R., Hartmann J., Alvarez M., Fuentes I., Astroza G., Marconi M.

Embase
[Article In Press]
AN: 615245436

Previous studies have suggested that parameters measured in the flaccid state (FS) by penile duplex Doppler ultrasound (PDDU) may predict the outcome after intracavernosal injection (ICI). The aim of this study was to evaluate the association between peak systolic velocity (PSV) and cavernosal artery diameter (CAD) in the FS with PSV and clinical assessment of erection hardness (CAEH) after ICI. Fifty patients who underwent PDDU for erectile dysfunction were prospectively enrolled. PSV and CAD were measured in FS and then correlated with PSV and CAEH after ICI of 20mug of e1 prostaglandin (PGe1). Even though PSV in FS demonstrated a significant correlation with PSV after ICI (P=0.04, r=0.21), none of the cutoff values tested (10, 13 and 15cms-1 in FS) had a combined sensitivity and specificity >80% to predict a PSV after ICI 30cms-1. No correlation was observed between CAD in FS and PSV after ICI. Also, no association was observed between PSV in FS and development of a complete full rigid erection after ICI. Although PSV in FS statistically correlates with PSV after ICI, predictive values are low, making it non-reliable to predict accurately the response to ICI of 20mug PGe1.International Journal of Impotence Research advance online publication, 30 March 2017; doi:10.1038/ijir.2017.9. Copyright © 2017 Macmillan Publishers Limited, part of Springer Nature.

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396.
Influence of arginase polymorphisms and arginase levels/activity on the response to erectile
dysfunction therapy with sildenafil.
Embase
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Arginase 1 (ARG1) and arginase 2 (ARG2) compete with nitric oxide synthases for the substrate
l-arginine. Here we aim to assess whether arginase 1 and 2 plasma levels, plasma arginase
activity or genetic factors are associated with altered responsiveness to sildenafil. We studied 71
post-prostatectomy erectile dysfunction (ED) patients (PED group) and 72 clinical ED patients
(CED). Patients responded to the International Index of Erectile Function questionnaire before
and after the treatment. We found positive and negative correlations between plasma levels of
arginase 1 and sildenafil responsiveness in the PED and CED groups, respectively. PED group
also presented negative correlation between plasma arginase activity and sildenafil
responsiveness. Sildenafil poor responders have shown higher plasma arginase activity in PED
and higher arginase 1 levels on CED groups. In addition, variant genotypes for the rs2781659,
rs2781667 and rs17599586 polymorphisms were associated with reduced arginase activity, as
well as the GTTT ARG1 haplotype in CED group. The Pharmacogenomics Journal advance online
publication, 4 April 2017; doi:10.1038/tpj.2017.2. Copyright © 2017 Macmillan Publishers
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Status
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Changes in the Effects of Peyronie’s Disease After Treatment With Collagenase Clostridium histolyticum: Male Patients and Their Female Partners.
Goldstein I., Knoll L.D., Lipshultz L.I., Smith T., Kaufman G.J., McMahon C.G.
Embase
[Article In Press]
AN: 615245085

Introduction: Collagenase Clostridium histolyticum (CCH) intraleosional injection was efficacious for the management of Peyronie’s disease (PD) in the double-blinded, randomized, placebo-controlled Investigation for Maximal Peyronie’s Reduction Efficacy and Safety Studies I and II (IMPRESS I and II). Little is known about the consequences of PD or treatment on the sexual partners of affected men. Aim: To assess the safety and efficacy of CCH treatment in men who received placebo in the IMPRESS I or II study and to evaluate the men’s PD symptoms and partner bother as reported by female sexual partners. Methods: In this phase 3, open-label study (NCT01685437), men (n = 189) received up to eight injections of CCH (0.58 mg/injection). Female sexual partners who provided informed consent at screening (n = 30) participated in the study. Main Outcome Measures: Co-primary end points were change or percentage of change in penile curvature deformity and change in PD symptom bother domain score of the Peyronie’s Disease Questionnaire (PDQ) from baseline to week 36. Participating women completed the PDQ for female sexual partners (PDQ-FSP) and the Female Sexual Function Index (FSFI). Results: Statistically significant mean improvements were observed in penile curvature deformity (36.3% decrease; 95% CI = -41.6 to -30.9) and PDQ symptom bother score (2.4-point decrease; 95% CI
= -3.0 to -1.8) from baseline to week 36. Most treatment-emergent adverse events were mild or moderate. After CCH treatment of their male partners, female sexual partners reported improvement (using the PDQ-FSP) in their male partner's PD symptoms and female bother regarding their partner's PD. The percentage of female sexual partners with sexual dysfunction (FSFI total score < 26.55) also decreased after male partner treatment, from 75.0% at baseline to 33.3%. Conclusions: These results support the safety and efficacy of CCH in the management of appropriate patients with PD and the potential benefits for patients' partners. Goldstein I, Knoll LD, Lipshultz LI, et al. Changes in the Effects of Peyronie's Disease After Treatment With Collagenase Clostridium histolyticum: Male Partners and Their Female Partners. Sex Med 2017;X:XXX-XXX. Copyright © 2017 The Authors.

Status
ARTICLE IN PRESS

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Introduction. To analyze the impact of radical prostatectomy (RPE) on erectile function and lower urinary tract function in comparison to age-matched healthy men. Materials and Methods. Patients who underwent radical retropubic prostatectomy completed questionnaires containing the IIEF-5, the Bristol female LUTS questionnaire, and the International Prostate Symptom Score (IPSS). Results. Patients after RPE were included (n=363). Age-matched healthy men (n=363) were included. The mean IIEF-5 of patients aged 61-70 yrs after RPE was 10.4+/-6.6 versus 18.8+/-5.3 in the control cohort; the respective values for men aged 71-80 yrs after RPE were 7.2+/-6.5 versus 13.6+/-7.7 in the control cohort. Urinary incontinence after RPE was reported in 41.9% (61-70 years) and 37.7% (71-80) versus 7.5% and 15.1% in the control cohort. The mean IPSS of patients after RPE aged 61-70 yrs was 5.0+/-4.4 versus 5.5+/-4.9 in the control cohort; the respective values for men aged 71-80 yrs were 6.0+/-4.9 versus 7.5+/-5.7 in the healthy cohort. Conclusions. The negative effect of radical prostatectomy on erectile and urinary incontinence remains substantial. The physiologically declining erectile and lower urinary tract function with ageing reduces the difference between healthy men and those after surgery. Healthy men have a higher IPSS presumably due to the presence of bladder outlet obstruction.

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Bladder dysfunction in multiple sclerosis: a 6-year follow-up study.
Kisic Tepavcevic D., Pekmezovic T., Dujmovic Basuroski I., Mesaros S., Drulovic J.
Embase
[Article]
AN: 614230711
Bladder dysfunction (BD) is the most common autonomic disturbance in multiple sclerosis, but often overlooked and undertreated. The purpose of this longitudinal study was to explore the changes in the frequency of BD symptoms in MS cohort after a period of 3 and 6 years of follow-up, as well as to investigate the correlations between the presence of BD symptoms and both clinical characteristics and the health-related quality of life (HRQoL) at each subsequent point of estimation. The study population comprises a cohort of 93 patients with MS (McDonald's criteria, 2001). At each time point (baseline, and at the 3- and 6-year follow-up) of estimation, Expanded Disability Status Scale, Hamilton Rating Scale for Depression, Fatigue Severity Scale, Szasz Sexual Functioning Scale and HRQoL (measured by MSQoL-54) were assessed. The proportion of patients with at least one symptom of BD significantly increased over time, for both men and women (from 48.1% at baseline to 51.9% after 3 years and to 71.4% after 6 years of follow-up for males and from 45.5% at baseline to 50.0% after 3 years and to 66.7% after 6 years of follow-up for females). The most common BD problem was urgency of urination. The presence of BD was statistically significantly associated with higher level of physical disability, sexual dysfunction and HRQoL at each point of follow-up, for both men and women. Our results suggested outstanding frequency of BD in patients with MS, with increasing tendency over time. Copyright © 2017, Belgian Neurological Society.
PMID
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Efficacy and Safety of Continuous Subcutaneous Infusion of Recombinant Human Gonadotropins for Congenital Micropenis during Early Infancy.


Embase
Hormone Research in Paediatrics. 87 (2) (pp 103-110), 2017. Date of Publication: 01 Mar 2017.

[Article]
AN: 615138653

Background: Early postnatal administration of gonadotropins to infants with congenital hypogonadotropic hypogonadism (CHH) can mimic minipuberty, thereby increasing penile growth. We assessed the effects of gonadotropin infusion on stretched penile length (SPL) and hormone levels in infants with congenital micropenis. Methods: Single-center study including 6 males with micropenis in case of isolated CHH (n = 4), panhypopituitarism (n = 1), and partial androgen insensitivity syndrome (PAIS; n = 1). Patients were evaluated at baseline, monthly and at the end of the study through a clinical examination (SPL, testicular position and size), serum hormone assays (testosterone, luteinizing hormone, follicle-stimulating hormone, inhibin B, anti-Mullerian hormone [AMH]), and ultrasound of penis/testes. Results: In CHH, significant increases occurred in serum testosterone (from undetectable level to 3.5 +/- 4.06 ng/mL [12.15 +/- 14.09 nmol/L]), SPL (from 13.8 +/- 4.5 to 42.6 +/- 5 mm; p < 0.0001), inhibin B (from 94.8 +/- 74.9 to 469.4 +/- 282.5 pg/mL, p = 0.04), and AMH (from 49.6 +/- 30.6 to 142 +/- 76.5 ng/mL, p = 0.03). Micropenis was corrected in all patients, except one. On treatment, in the patient with PAIS, SPL was increased from 13 to 38 mm. Conclusions: Early gonadotropin infusion is a safe, well-Tolerated and effective treatment. The effect in PAIS has not been reported previously. Long-
Term follow-up is needed to assess the impact, if any, on future fertility and reproduction.

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Year of Publication
2017

401.
Phase I Randomized Placebo-controlled, Double-blind Study of the Safety and Tolerability of Bremelanotide Coadministered With Ethanol in Healthy Male and Female Participants.

Clayton A.H., Lucas J., DeRogatis L.R., Jordan R.

Embase
Clinical Therapeutics. 39 (3) (pp 514-526.e14), 2017. Date of Publication: 01 Mar 2017.
Purpose This was a Phase I study to evaluate the safety, tolerability, and hemodynamic and pharmacokinetic effects of bremelanotide (BMT) coadministered with ethanol to healthy male and female participants. Methods This was a randomized, placebo-controlled, double-blind, 3-period, 3-way crossover study. Individuals meeting the inclusion/exclusion criteria received BMT or placebo with or without ethanol at the research facility for 7 consecutive days. Participants were randomized to receive 1 of 6 treatment paths; each participant received single intranasal doses of BMT (20 mg) or placebo on days 1, 4, and 7, with or without oral ethanol (0.6 g/kg) while in a fasted state. The intranasal 20-mg dose of BMT has an exposure equivalent to ~1 to 2 times the subcutaneous dose currently being evaluated in Phase III studies. Vital signs, self-rated sedation scores, nursing and medical observations, and spontaneous reporting by participants provided the basis for evaluation of adverse events. A physical examination and a resting 12-lead electrocardiogram were performed at baseline and on study day 7. Blood and urine samples were obtained for clinical safety profile laboratory tests. Findings A total of 24 participants were enrolled (12 men; 12 women) and completed the study. Single doses of 20 mg intranasal BMT, administered with or without 0.6 g/kg ethanol, were found to be safe and generally well tolerated with mean maximum ethanol concentrations exceeding 80 mg/dL in women. No clinically significant pharmacokinetic interactions were found between ethanol and BMT either overall or by sex. No significant drug-related hypotensive or orthostatic hypotensive effects were noted. Treatment with BMT did not result in an increased frequency of treatment-emergent adverse events, and no participants discontinued the study because of adverse events. Physical examination, electrocardiography, and laboratory tests disclosed no clinically significant changes. Implications Female sexual dysfunction is a multifactorial condition with anatomic, physiologic, medical, psychological, and social components. BMT is a synthetic peptide analogue of the naturally occurring hormone alpha-melanocyte-stimulating hormone and a melanocortin receptor agonist that is being developed for the treatment of hypoactive sexual desire disorder. Its mechanism of action involves activation of endogenous melanocortin hormone pathways involved in the sexual desire and arousal response. The results of this Phase I study found that BMT and ethanol can be safely coadministered and are generally well tolerated with no reports of drug-related serious adverse events. Phase III trials of subcutaneous BMT for the treatment of hypoactive sexual desire disorder in premenopausal women are in progress. ClinicalTrials.gov identifiers NCT02338960 and NCT02333071. Copyright © 2017 The Authors Status EMBASE Institution
Add-on mirtazapine improves orgasmic functioning in patients with schizophrenia treated with first-generation antipsychotics.

Terevnikov V., Stenberg J.-H., Tiihonen J., Burkin M., Joffe G.


[Article]

AN: 612619108

Aim: Sexual dysfunction, common in schizophrenia, may be further exaggerated by antipsychotics, especially those of First Generation (FGAs), and antidepressants, such as Selective Serotonin Reuptake Inhibitors (SSRs). Mirtazapine, an antidepressant characterized by its different action mechanism compared with that of the majority of other antidepressants, may improve SSRI-induced sexual dysfunction in patients with depression. It is unknown, however, whether mirtazapine improves sexual functioning in schizophrenia. Methods: This study randomly assigned FGA-treated patients with schizophrenia to receive either an add-on mirtazapine (n = 20) or a placebo (n = 19) for 6 weeks. Sexual functioning was prospectively measured using five relevant items from the Udvalg for Kliniske Undersogelser side-effect rating scale (UKU-SERS). Results: Orgasmic function improved with statistical significance in the mirtazapine group (p = .03), with no changes in any other sexual functions in either group. Conclusion: Add-on mirtazapine appears to relieve orgasmic dysfunction in FGA-treated patients with schizophrenia.

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PMID
Methylation of HPA axis related genes in men with hypersexual disorder.

[Article]
AN: 614850841
Hypersexual Disorder (HD) defined as non-paraphilic sexual desire disorder with components of compulsivity, impulsivity and behavioral addiction, and proposed as a diagnosis in the DSM 5, shares some overlapping features with substance use disorder including common neurotransmitter systems and dysregulated hypothalamic-pituitary-adrenal (HPA) axis function. In
this study, comprising 67 HD male patients and 39 male healthy volunteers, we aimed to identify HPA-axis coupled CpG-sites, in which modifications of the epigenetic profile are associated with hypersexuality. The genome-wide methylation pattern was measured in whole blood using the Illumina Infinium Methylation EPIC BeadChip, measuring the methylation state of over 850 K CpG sites. Prior to analysis, the global DNA methylation pattern was pre-processed according to standard protocols and adjusted for white blood cell type heterogeneity. We included CpG sites located within 2000 bp of the transcriptional start site of the following HPA-axis coupled genes: Corticotropin releasing hormone (CRH), corticotropin releasing hormone binding protein (CRHBP), corticotropin releasing hormone receptor 1 (CRHR1), corticotropin releasing hormone receptor 2 (CRHR2), FKBP5 and the glucocorticoid receptor (NR3C1). We performed multiple linear regression models of methylation M-values to a categorical variable of hypersexuality, adjusting for depression, dexamethasone non-suppression status, Childhood Trauma Questionnaire total score and plasma levels of TNF-alpha and IL-6. Of 76 tested individual CpG sites, four were nominally significant (p < 0.05), associated with the genes CRH, CRHR2 and NR3C1. Cg23409074-located 48 bp upstream of the transcription start site of the CRH gene - was significantly hypomethylated in hypersexual patients after corrections for multiple testing using the FDR-method. Methylation levels of cg23409074 were positively correlated with gene expression of the CRH gene in an independent cohort of 11 healthy male subjects. The methylation levels at the identified CRH site, cg23409074, were significantly correlated between blood and four different brain regions. CRH is an important integrator of neuroendocrine stress responses in the brain, with a key role in the addiction processes. Our results show epigenetic changes in the CRH gene related to hypersexual disorder in men. Copyright © 2017 Elsevier Ltd
Inflammation is mechanistically involved in the development of Peyronie's disease (PD). The aim of this study is to assess the relevance of serum pentraxin 3 (PTX3) and interleukin-6 (IL-6) concentrations in PD. The study enrolled 40 patients with PD in the acute phase and 40 healthy controls. Plasma PTX3 and IL-6 concentrations were evaluated in 40 patients in the acute phase of PD and 40 healthy controls by enzyme-linked immunosorbent assay. Serum concentrations of both PTX3 and IL-6 were significantly higher in the PD patients than in the control group (p = 0.001 and p = 0.001, respectively). There was a significant correlation between concentration of PTX3 and painful erections. IL-6 concentrations were significantly higher in patients with erectile dysfunction. IL-6 and PTX3 levels showed no correlation with age, serum C-reactive protein, degree of curvature, and disease duration. IL-6 trans-signaling and PTX3 amplification at the site of inflammation could have a role in pathophysiological mechanisms of PD. Biological drugs may be used for treatment during the acute phase of the disease based on this mechanism.

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Publisher
Elsevier (Singapore) Pte Ltd (3 Killiney Road, 08-01, Winsland House I, Singapore 239519, Singapore)
A perspective on middle-aged and older men with functional hypogonadism: Focus on holistic management.

Grossmann M., Matsumoto A.M.

Embase

[Review]
AN: 614843999

Context: Middle-aged and older men (50 years), especially those who are obese and suffer from comorbidities, not uncommonly present with clinical features consistent with androgen deficiency and modestly reduced testosterone levels. Commonly, such men do not demonstrate anatomical hypothalamic-pituitary-testicular axis pathology but have functional hypogonadism that is potentially reversible. Evidence Acquisition: Literature review from 1970 to October 2016.

Evidence Synthesis: Although definitive randomized controlled trials are lacking, evidence suggests that in such men, lifestyle measures to achieve weight loss and optimization of comorbidities, including discontinuation of offending medications, lead to clinical improvement and a modest increase in testosterone. Also, androgen deficiency-like symptoms and end-organ deficits respond to targeted treatments (such as phosphodiesterase-5 inhibitors for erectile dysfunction) without evidence that hypogonadal men are refractory. Unfortunately, lifestyle interventions remain difficult and may be insufficient even if successful. Testosterone therapy should be considered primarily for men who have significant clinical features of androgen deficiency and unequivocally low testosterone levels. Testosterone should be initiated either concomitantly with a trial of lifestyle measures, or after such a trial fails, after a tailored diagnostic work-up, exclusion of contraindications, and appropriate counseling.

Conclusions: There is modest evidence that functional hypogonadism responds to lifestyle measures and optimization of comorbidities. If achievable, these interventions may have demonstrable health benefits beyond the potential for increasing testosterone levels. Therefore, treatment of underlying causes
Birth weight in different etiologies of disorders of sex development.


Embase

[Article]

AN: 614843996

Context: It is well established that boys are heavier than girls at birth. Although the cause of birth weight (BW) difference is unknown, it has been proposed that it could be generated from prenatal androgen action. Objective: The aim of the current study was to determine the BW of children with disorders of sex development (DSD) of different etiologies and to evaluate the effects of
androgen action on BW. Methods: Data regarding diagnosis, BW, gestational age, karyotype, and concomitant conditions were collected from the International Disorders of Sex Development (I-DSD) Registry (www.i-dsd). BW standard deviation score was calculated according to gestational age. Cases were evaluated according to disorder classification in I-DSD (i.e., disorders of gonadal development, androgen excess, androgen synthesis, androgen action, nonspecific disorder of undermasculinization groups, and Leydig cell defect). Results: A total of 533 cases were available; 400 (75%) cases were 46,XY, and 133 (25%) cases were 46,XX. Eighty cases (15%) were born small for gestational age (SGA). Frequency of SGA was higher in the 46,XY group (17.8%) than in the 46,XX (6.7%) group (P = 0.001). Mean BW standard deviation scores of cases with androgen excess and androgen deficiency in disorders of gonadal development, androgen synthesis, and Leydig cell defect groups and androgen receptor gene (AR) mutation-positive cases in disorders of androgen action groups were similar to normal children with the same karyotype. SGA birth frequency was higher in the AR mutation-negative cases in disorders of androgen action group and in the nonspecific disorders of the undermasculinization group. Conclusions: BW dimorphism is unlikely to be explained by fetal androgen action per se. 46,XY DSDs due to nonspecific disorders of undermasculinization are more frequently associated with fetal growth restriction, SGA, and concomitant conditions. Copyright © 2017 by the Endocrine Society.
Clinical Evidence of Increase in Hair Growth and Decrease in Hair Loss without Adverse Reactions Promoted by the Commercial Lotion ECOHAIR.

Alonso M.R., Anesini C.

Embase
Skin Pharmacology and Physiology. 30 (1) (pp 46-54), 2017. Date of Publication: 01 Mar 2017.

Anne: 614559616

Background/Aims: Hair exerts protection, sensory functions, thermoregulation, and sexual attractiveness. Hair loss (alopecia) is caused by several diseases, drug intake, hormone imbalance, stress, and infections (Malassesia furfur). Drugs usually used in alopecia produce irreversible systemic and local side effects. An association of extracts of Coffea arabica and Larrea divaricata (ECOHAIR) is successfully being commercialized in Argentina for hair growth. The aim of this study was to provide scientific support for the efficacy and innocuousness of ECOHAIR in patients with non-cicatricial alopecia during a 3-month treatment. Methods: The efficacy was determined through the assessment of an increase in hair volume, improvement in hair looks, growth of new hair, and a decrease in hair loss by the test of hair count and hair traction. The capacity to decrease the amount of dandruff was also evaluated as well as the
adverse local effects caused by the treatment. Results: ECOHAIR spray improved the overall hair volume and appearance; it increased its thickness, induced hair growth, and decreased hair loss. Besides, no adverse local reactions were observed upon treatment with the product. Conclusion: This study provides scientific support for the clinical use of ECOHAIR as a treatment to be used in noncicatricial alopecia. © 2017 S. Karger AG, Basel. Copyright: All rights reserved.

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2017

408.
Reduced sexual dysfunction with aripiprazole once-monthly versus paliperidone palmitate: Results from QUALIFY.

Embase
International Clinical Psychopharmacology. 32 (3) (pp 147-154), 2017. Date of Publication: 2017. [Article]
AN: 614643859

Sexual dysfunction, a common side effect of antipsychotic medications, may be partly caused by dopamine antagonism and elevation of prolactin. In QUALIFY, a randomized study, aripiprazole once-monthly 400 mg (AOM 400), a dopamine D 2 receptor partial agonist, showed noninferiority and subsequent superiority versus paliperidone palmitate (PP), a dopamine D 2 receptor
antagonist, on the Heinrichs-Carpenter Quality-of-Life Scale (QLS) in patients with schizophrenia aged 18-60 years. Sexual dysfunction (Arizona Sexual Experience Scale) and serum prolactin levels were also assessed. Odds for sexual dysfunction were lower with AOM 400 versus PP [week 28 adjusted odds ratio (95% confidence interval), 0.29 (0.14-0.61); P=0.0012] in men [0.33 (0.13-0.86); P=0.023], women [0.14 (0.03-0.62); P=0.0099], and patients aged 18-35 years [0.04 (<0.01-0.34); P=0.003]. Among patients shifting from sexual dysfunction at baseline to none at week 28, there was a trend toward greater improvement in the QLS total score. The mean (SD) prolactin concentrations decreased with AOM 400 [-150.6 (274.4) mIU/l] and increased with PP [464.7 (867.5) mIU/l] in both men and women. Six PP-treated patients experienced prolactin-related adverse events. In addition to greater improvement on QLS, patients had a lower risk for sexual dysfunction and prolactin elevation with AOM 400 versus PP in QUALIFY. Copyright © 2017 The Author(s). Published by Wolters Kluwer Health, Inc.

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20170410
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2017
Symptom clusters during palliative chemotherapy and their influence on functioning and quality of life.

Rha S.Y., Lee J.

Embase
Supportive Care in Cancer. 25 (5) (pp 1519-1527), 2017. Date of Publication: 01 May 2017.

[Article]
AN: 613923892

Introduction: Symptom management in patients undergoing palliative chemotherapy is challenging, as patients may suffer from cancer symptoms as well as symptoms related to chemotherapy. Symptom clusters are interrelated symptoms occurring simultaneously that exert a negative impact on survival. Identification of symptom clusters and effective symptom management for patients receiving palliative chemotherapy is crucial. Objectives: The purpose of this study was to identify symptom clusters among cancer patients undergoing palliative chemotherapy and examine the relationship between symptom clusters and functioning and quality of life (QOL) in these patients. Methods: A total of 300 patients undergoing palliative chemotherapy participated in the study. Symptom experience during previous palliative chemotherapy was evaluated using a symptom questionnaire including 20 symptoms. The European Organization for Research and Treatment of Cancer Quality of Life-C30 was used to measure patients' symptoms, functioning and QOL. Factor and hierarchical cluster analyses were performed to identify symptom clusters. Structural equation modeling was used to identify relationships between symptom clusters, functioning and QOL in patients. Results: Four symptom clusters including 14 symptoms were identified of the 20 symptoms experienced by patients undergoing palliative chemotherapy. The emotional cluster had negative influence on role and social functioning. The nausea and vomiting/appetite/taste change cluster had a negative impact on role functioning. The fatigue/cognitive and other cluster (dyspnea, pain, constipation, neuropathy, and sleep disturbance) negatively influenced physical functioning. Among the functioning subscales, only role functioning had a direct influence on QOL. Indirect relationships between symptom clusters and QOL were mediated by physical and role functioning. The final model, which consisted of four symptom clusters and three functioning subscales, accounted for 23.3% of the variance in the QOL. Conclusions: Four symptom clusters occurring during palliative chemotherapy demonstrated negative influences on functioning and QOL. Differential contributions of symptom clusters to functioning were identified that eventually contributed to QOL through role functioning. The identified symptom clusters and their relationships with functioning and QOL may help guide approaches to symptom management. Implementation of interventions targeting symptom clusters would contribute to improving functioning and QOL in patients. Copyright © 2016, Springer-Verlag Berlin Heidelberg.
Objective To assess outcomes after endoscopic endonasal surgery for recurrent or residual pituitary adenomas. Methods We retrospectively analyzed 61 patients from 2009 to 2016 who underwent endoscopic endonasal surgery for recurrent or residual pituitary adenomas after previous microscopic or endoscopic transsphenoidal operation. Results The previous surgical approach was endoscopic endonasal in 55.7% and microscopic in 44.2% of patients. The mean preoperative maximal tumor diameter was 2.3 cm. Tumor commonly invaded the suprasellar cistern (63.9%). Gross total resection (GTR) was achieved in 31 patients (51.7%). GTR rate was 68.4% and 21.7% for Knosp grade 0-2 and grade 3-4 tumors, respectively (P < 0.001). GTR was 73.1% and 35.3% for patients with previous microscopic and endoscopic transsphenoidal
surgery, respectively (P = 0.002). On multivariate analysis, smaller tumor size (odds ratio [OR], 1.1 per cm; P = 0.007), Knosp grade 0-2 (OR, 9.7; P = 0.002), and previous microscopic approach (OR, 12.7; P = 0.007) were independent predictors of GTR. Preoperative visual deficit outcome was improved in 32.5%, unchanged in 62.5%, and worse in 5.0%. New postoperative endocrinopathies included adrenal insufficiency (6.5%), hypothyroidism (8.1%), hypogonadism (6.5%), and diabetes insipidus (4.9%). Complications included postoperative cerebrospinal fluid leak (4.9%), meningitis (1.6%), medical complications (4.9%), and postoperative hematoma requiring re-exploration (3.2%). Conclusions The endoscopic endonasal approach provides a safe and effective option for recurrent pituitary adenomas. Smaller tumor size, absence of cavernous sinus invasion, and previous microscopic approach were independent predictors of GTR. This finding might suggest that inadequate exposure or limited viewing angle may adversely affect extent of resection in primary microscopic surgeries. Copyright © 2017 Elsevier Inc.

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411.
Significance of surgical management for cystic prolactinoma.

Ogiwara T., Horiuchi T., Nagm A., Goto T., Hongo K.

Embase

Pituitary. 20 (2) (pp 225-230), 2017. Date of Publication: 01 Apr 2017.

[Article]

AN: 612828709

Purpose: It is generally accepted that dopamine agonists (DA) represent the first-line treatment for most patients with prolactinoma, and patients become candidates for surgical intervention when DA is contraindicated. Surgical indication for cystic prolactinoma remains controversial. This study was performed to investigate the significance of surgery for cystic prolactinoma.

Methods: A total of 28 patients that underwent transsphenoidal resection of prolactinoma between February 2004 and May 2016 were reviewed. Five consecutive patients with cystic prolactinoma were included in this study. Our surgical strategy for cystic prolactinoma was categorized as follows: first, when the purpose of surgical resection was normalization of the prolactin level, aggressive resection was performed; second, when volume reduction was essential to relieve the visual symptoms and headache, internal decompression was performed followed by DA therapy. The clinical outcomes were analyzed accordingly. Results: All cystic prolactinoma were resected via the transsphenoidal approach without any complications, and all symptoms including visual impairment and hypogonadal activity were finally relieved combined with medication. Conclusions: Surgery for cystic prolactinoma could be a better option. Transsphenoidal surgery is relatively safe to remove the cystic prolactinoma, additionally it can normalize the prolactine level and achieve adequate and rapid decompression of optic chiasm. The risk of transsphenoidal surgery is highly dependent on the skill of the surgeon and treatment decision for cystic prolactinoma needs to be individualized for each patient. Copyright © 2016, Springer Science+Business Media New York.

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2017
Prevalence of Adolescent Gender Experiences and Gender Expression in Germany.
Becker I., Ravens-Sieberer U., Ottova-Jordan V., Schulte-Markwort M.
Embase
[Article In Press]
AN: 615175256

Purpose: Adolescence marks a transition point in the development of gender experience and expression. Although there is growing awareness about various gender identities in health research, only limited data on the prevalence of adolescent gender variance in the general population exist. Methods: German female and male adolescents (n = 940) aged 10-16 years participating in the nationally representative "Health Behaviour in School-aged Children" Hamburg survey were asked to report their current gender experience (identification as both feminine and masculine) and gender expression (gender role as a girl or boy). Two overall categories and five subcategories on gender experience and expression were established based on previous research. Results: In total, 4.1% of the adolescents' responses were rated as variant in gender experience and 3.0% as nonconforming in expression. Both variant experiences and nonconforming expression together were present in only .9% of adolescents. Gender variance was more strongly present in girls and in younger age groups. In detail, 1.6% reported an incongruent, 1.1% an ambivalent, and 1.5% no gender identification. Another 8.0% of the responses could be rated as only somewhat congruent. Conclusions: Fluidity between clearly congruent or incongruent pathways is present in adolescence, including variant as well as possibly still developing (only somewhat clear) gender experiences, whereas clearly incongruent identification and nonconforming expression were less frequent. Understanding adolescent gender development as multidimensional is important to identify the needs of those who do not fit into the current understanding of either female or male. Copyright © 2017 Society for Adolescent Health and Medicine.

Status
ARTICLE IN PRESS

Institution
(Becker, Ravens-Sieberer, Ottova-Jordan, Schulte-Markwort) Department of Child and Adolescent Psychiatry, Psychosomatics, and Psychotherapy, University Medical Center
Systematic Review and Meta-analysis of the Effect of Internal Iliac Artery Exclusion for Patients Undergoing EVAR.


Embase


[Review]

AN: 614573938

Objective Endovascular abdominal aortic aneurysm repair (EVAR) sometimes requires internal iliac artery (IIA) coverage to achieve a landing zone in the external iliac artery. The aim of this study was to determine complication rates following IIA exclusion. Materials and methods A systematic review of key journals was undertaken from January 1980 to April 2016. Studies detailing occlusion (using coils or plugs) or coverage of the IIA with outcome data were included. Weighted means were calculated for continuous variables. Meta-analysis was performed when comparative data were available. Quality was assessed using the GRADE system. Results Sixty-one non-randomised studies (2671 patients; 2748 IIA) were analysed. Fifteen per cent of EVARs require IIA sacrifice. Buttock claudication (BC) occurred in 27.9% of patients, although 48.0% resolved after 21.8 months. BC rates were 32.6% with coils, 23.8% with plugs, and 12.9% with coverage alone, and less with unilateral (vs. bilateral) IIA treatment (OR 0.57, 95% CI 0.36-0.91). More proximal coil placement resulted in lower rates of BC (OR 0.12, 95% CI 0.03-0.48). Erectile dysfunction occurred in 10.2% of males, with higher rates after coiling. Type II endoleaks were
more frequent after covering alone; however re-interventions were rare. Significant ischaemic
events (bowel/gluteal/spinal ischaemia) were very rare. Plugs were quicker to place and required
less radiation (p < .001) than coils. GRADE scoring was very low for all outcomes. Conclusion
Overall the quality of reported data on IIA sacrifice is poor. Buttock claudication and erectile
dysfunction occurred frequently after IIA sacrifice. Where both options are technically possible,
plugs could be considered preferential to coils, and placed as proximally in the IIA as possible.

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20170406

Year of Publication
2017

414.
Prevalence and determinants of erectile dysfunction among diabetic patients attending in
hospitals of central and northwestern zone of Tigray, northern Ethiopia: A cross-sectional study.
Seid A., Gerensea H., Tarko S., Zenebe Y., Mezemir R.

Embase

BMC Endocrine Disorders. 17 (1) (no pagination), 2017. Article Number: 16. Date of Publication:

[Article]
AN: 614784020

Background: The prevalence of erectile dysfunction among diabetic men varies between 35-90%.
Although erectile dysfunction is widespread among men with diabetes, the condition often
remains undiagnosed and demands appropriate assessment and prompt treatment. Erectile dysfunction can affect all aspects of a patient's life including physical, emotional, social, sexual, and relationships. The main aim of this study is to determine the prevalence and determinants of erectile dysfunction among diabetic patients attending hospitals in the Central and Northwest zone of Tigray, Ethiopia. Methods: A hospital based cross-sectional study was conducted on 249 male diabetic patients attending five hospitals in the Central and Northwestern Zone of Tigray, Ethiopia using systematic random sampling. The data was collected from January 1 - February 30, 2016 and was entered and analyzed using SPSS version 20. Correlation and multivariate logistic regression was employed to test associations between independent and outcome variables. Results: The mean age of study participants was 43.39 years and the mean duration of diabetes diagnosis was 6.22 years. The overall prevalence of erectile dysfunction was 69.9%, with 32.9% suffering from mild, 31.7% moderate, and 5.2% severe erectile dysfunction. Multivariate logistic regression revealed that erectile dysfunction was significantly predicted by old age (Adjusted Odds Ratio [AOR] =15.013, CI:3.212-70.166), longer duration of diabetes (AOR = 3.77, CI:1.291-11.051), and lower monthly income (AOR = 0.285, CI:0.132-0.615). No association was found with body mass index, co-morbidity, glycemic control, and alcohol consumption. Conclusion: The prevalence of erectile dysfunction in this study population was very high. Age, income, and duration of diabetes were the independent predictors of erectile dysfunction. Nearly all of the patients in the sample (97%) had not been screened or treated for erectile dysfunction. Assessment and management of erectile dysfunction in the diabetic clinic should be part of routine medical care during follow-up visits with diabetic patients. Healthcare providers should put an emphasis on screening and treating older patients and those who had a diabetes diagnosis for a longer duration. Copyright © 2017 The Author(s).
Sex differences in microglial phagocytosis in the neonatal hippocampus.
Nelson L.H., Warden S., Lenz K.M.

Embase
Brain, Behavior, and Immunity. (no pagination), 2017. Date of Publication: November 29, 2016. [Article In Press]
AN: 615142187

Microglia regulate brain development through many processes, such as promoting neurogenesis, supporting cell survival, and phagocytizing progenitor, newly-born, and dying cells. Many of these same developmental processes show robust sex differences, yet very few studies have assessed sex differences in microglia function during development. Hormonally-induced sexual differentiation of the brain occurs during the perinatal period, thus we examined sex differences in microglial morphology, phagocytosis, and proliferation in the hippocampus during the early postnatal period. We found that the neonatal female hippocampus had significantly more microglia with phagocytic cups than the male hippocampus. We subsequently found that female microglia phagocytized more neural progenitor cells and healthy cells compared to males, but there were no sex differences in the number of newly-born or dying cells targeted by microglial phagocytosis. We found that the number of phagocytic microglia in females was reduced to male-typical levels by treatment with estradiol, the hormone responsible for masculinizing the rodent brain. Females also had higher expression of several phagocytic pathway genes in the hippocampus compared to males. In contrast to robust sex differences in phagocytic microglia, we found no sex differences in the number of microglia with amoeboid, transitioning, or ramified morphologies or differences in three-dimensional reconstructions of microglial morphology. While we did not find a baseline sex difference in microglial proliferation during or following the prenatal gonadal hormone surge in males, we found that estradiol treatment increased microglia proliferation in females. Overall, these data show that there are important sex differences in microglia function in the hippocampus during the early neonatal period. Copyright © 2017 Elsevier Inc.

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ARTICLE IN PRESS

Institution
416.
Impact of poor glycemic control of type 2 diabetes mellitus on serum prostate-specific antigen concentrations in men.
Atalay H.A., Akarsu M., Canat L., Ulker V., Alkan I., Ozkuvanci U.
Embase
[Article In Press]
AN: 615140058
Objectives: To evaluate the impact of poor glycemic control of type 2 diabetes mellitus (T2DM) on serum prostate-specific antigen (PSA) concentrations in men. Methods: We performed a prospective analysis of 215 consecutive patients affected by erectile dysfunction (ED). ED was evaluated using the IIEF-5 questionnaire and the poor glycemic control (PGC) of T2DM was assessed according to the HbA1c criteria (International Diabetes Federation). Patients were divided into PGC group (HbA1c > 7%) and control group (CG) (HbA1c < 6%). Correlations between serum HbA1c levels and various variables were evaluated and multivariate logistic regression analyses were carried out to identify variables for PGC. Results: We compared 110 cases to 105 controls men ranging from 44 to 81 years of age, lower PSA concentrations were observed in men with PGC (PGC mean PSA: 0.9 ng/dl, CG mean PSA: 2.1 ng/dl, p < 0.001). Also mean prostate volume was 60% was smaller among men with PGC compared with men with CG (PGC mean prostate volume: 26 ml, CG prostate volume: 43 ml, p < 0.001). A strong negative correlation was found between serum HbA1c levels and serum PSA (p < 0.001 and r = -
We also found at the multivariate logistic regression model that PSA, prostate volume and peak systolic velocity were independent predictors of PGC. Conclusions: Our results suggest that there is significant impact of PGC on serum PSA levels in T2DM. Poor glycemic control of type 2 diabetes was associated with lower serum PSA levels and smaller prostate volumes. Copyright © 2017.

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Year of Publication 2017

Visual outcomes and late complications in paediatric orbital rhabdomyosarcoma.

Eade E., Tumuluri K., Do H., Rowe N., Smith J.


[Article]

AN: 612974768

Background: Orbital rhabdomyosarcoma is a rare but important malignancy for an ophthalmologist. We aimed to review the management and outcome, including late orbital complications and visual acuity over 25 years from a specialist paediatric ophthalmology department. Design: This was a retrospective longitudinal case series. Participants: All patients presenting to our institution between December 1989 and December 2014 with a
histopathological diagnosis of rhabdomyosarcoma originating from (primary) or invading into the orbit (paranasal) were included. Methods: The oncology and ophthalmology databases were cross referenced to identify patients. Main Outcome Measures: Baseline demographics, chemotherapy, surgical and radiation dose, visual acuity, ocular and systemic complications, local and distant recurrence and mortality were recorded for each patient. Outcomes were reported with descriptive statistics. Results: Eighteen patients were included. Median age was 4.3 years (range 4 months to 16 years) with average follow-up of 9 years. The 5-year disease-specific survival was 100% for the orbital group and 25% for the paranasal group; 29% of the orbital group maintained vision better than 6/12 in their treated eye, and the overall globe conservation rate was 71%. The most common ocular complications were cataract and keratopathy in both the orbital and paranasal groups. Other ocular complications included orbital hypoplasia or fat atrophy, eyelid malposition and lacrimal duct stenosis. Conclusions: Ophthalmic late effects are seen in a significant proportion of patients with orbital rhabdomyosarcoma. There is excellent survival in these patients, and continued efforts should be made to reduce the late effects of therapy. Copyright © 2016 Royal Australian and New Zealand College of Ophthalmologists

418.
47,XXY Klinefelter Syndrome Is Associated with an Increased Risk of Insulin Resistance: The Impact of Hypogonadism and Visceral Obesity.
Panimolle F., Radicioni A.F.
Embase
Klinefelter syndrome (KS) is the most common male sex chromosome disorder, affecting 1/660 men. It is caused by the presence of extra X chromosomes. The KS phenotype is traditionally described as a tall, slim, narrow-shouldered, broad-hipped man with hypergonadotropic hypogonadism and small testes. An association between KS and type 2 diabetes has long been recognized, but the pathogenesis is still unknown. If both hypogonadism and visceral obesity play a role in the development of insulin resistance in men, KS offers an interesting window into this relationship. Indeed, in addition to hypergonadotropic hypogonadism, with variable degrees of androgen deficiency, most 47,XXY KS patients present an unfavorable change in body composition, with increased truncal fat. In KS, both hypotestosteronemia and visceral obesity not only play an important and independent role in determining impaired insulin sensitivity, but may also be reciprocally influenced in a self-perpetuating vicious circle. Other possible mechanisms that may lead to insulin resistance in KS involve the extra copies of X chromosomes. This chapter discusses the main evidence linking KS and impaired insulin sensitivity, leading to insulin resistance and type 2 diabetes. Copyright © 2017 S. Karger AG, Basel.
Vlachopoulos C., Ioakeimidis N., Rokkas K., Angelis A., Terentes-Printzios D., Kratiras Z., Georgakopoulos C., Tousoulis D.
Embase
[Article]
AN: 615027158
BACKGROUND We investigated whether central hemodynamics predict major adverse cardiovascular events (MACEs) in erectile dysfunction (ED) patients beyond traditional risk factors. METHODS MACEs in relation to aortic pressures and augmentation index (Alx) were analyzed in 398 patients (mean age, 56 years) with ED but without established cardiovascular (CV) disease. RESULTS During the mean follow-up period of 6.5 years, a total of 29 (6.5%) MACEs occurred. The adjusted relative risk of MACEs was 1.062 (95% confidence interval (CI), 1.016-1.116) for a 10-mm Hg increase of aortic systolic pressure, 1.119 (95% CI, 1.036-1.155) for a 10-mm Hg increase of aortic pulse pressure (PP), and 1.191 (95% CI, 1.056-1.372) for a 10% absolute increase of Alx. While aortic pressures and Alx did not significantly improve the C-statistic models, the calibration for all indices was satisfactory. Regarding reclassification, the integrated discrimination improvement index (IDI) indicated improvement in risk discrimination of the models that included Alx and aortic PP compared to the reference model in identifying MACEs (IDI = 0.0069; P = 0.024, and IDI = 0.0060; P = 0.036, respectively). The based on categories for 10-year coronary heart disease risk and adapted at 6.5 years overall net reclassification index showed marginal and indicative risk reclassification for Alx (15.7%, P = 0.12) and aortic PP (7.2%, P = 0.20) respectively. CONCLUSIONS Our results show for the first time that higher central pressures and Alx are associated with increased risk for a MACE in ED patients without known CV disease. Considering the adverse prognostic role of central hemodynamics on outcomes, the present findings may explain part of the increased CV risk associated with ED. Copyright © American Journal of Hypertension, Ltd 2016. All rights reserved.
Sexual life after weight loss surgery.
Conason A., McClure Brenchley K.J., Pratt A., Geliebter A.
Embase
Surgery for Obesity and Related Diseases. (no pagination), 2017. Date of Publication: July 21, 2016.
[Article In Press]
AN: 615119384
Background: Previous research revealed a relationship between higher body mass index (BMI) and lower sexual functioning. However, the role of psychosocial variables, such as body image, in this relationship has been understudied. Objective: To assess sexual life before and after weight loss surgery (WLS) and examine the role of body image and BMI in these changes. Setting: WLS center at a major urban community hospital. Methods: 327 participants (275 women and 52 men) who underwent either laparoscopic Roux-en-Y gastric bypass surgery (n = 225) or laparoscopic adjustable gastric band (n = 102) were assessed on measures of sexual life preoperatively and at 1, 3, 6, 12, and 24 months after surgery. The number of completers were n = 126 at 1-month follow-up, n = 84 at 3 months, n = 86 at 6 months, n = 84 at 12 months, and n = 55 at 24 months. Results: There was a significant increase in quality of sexual life over time, F(5,479.5) = 24.3, P<.001. Greater body image dissatisfaction predicted lower quality of sexual life when controlling for BMI, F(1,580.3) = 36.9, P<.001, but BMI did not predict quality of sexual life when controlling for body dissatisfaction, F(1,566.6)<.01, P = .94. A mediation analysis revealed that the relationship BMI had with sexual life was through its influence on body dissatisfaction. Conclusion: Participants experienced improvements in quality of sexual life over time after WLS, and decrease in body image dissatisfaction was the strongest predictor of these improvements. These results underscore the importance of body image, independent of weight loss, in postsurgical sexual life. Copyright © 2017 American Society for Bariatric Surgery.
Status
ARTICLE IN PRESS
Institution
Domestic Minor Sex Trafficking Patients: A Retrospective Analysis of Medical Presentation.
Goldberg A.P., Moore J.L., Houck C., Kaplan D.M., Barron C.E.
Embase
[Article]
AN: 613571977
Study Objective To describe the clinical characteristics of patients referred for domestic minor sex trafficking (DMST) to improve identification and intervention. Design Retrospective cohort study. Setting The Lawrence A. Aubin, Sr Child Protection Center at Hasbro Children's Hospital where patients are evaluated by child abuse pediatricians in outpatient, emergency department, and inpatient settings. Participants A total of 41 patients younger than the age of 18 years referred for the evaluation of DMST involvement between August 1, 2013 and March 30, 2015. Interventions and Main Outcome Measures We collected demographic, social-environmental, medical, and psychiatric variables from the medical records of patients referred for evaluation who have self-disclosed, been reported with evidence, and/or have histories that place them at high risk for DMST involvement. Results Children had frequent contact with medical providers, with 81% seen
in the year before referral for DMST. Childhood maltreatment and family dysfunction were identified (sexual abuse, 21/37 or 57%; parental substance abuse, 22/37 or 60%) in the 41 patients. Children had medical problems (eg, sexually transmitted infection, 13/41 or 32%), psychiatric needs (eg, acute suicidality, 8/41 or 20%; at least 1 previous psychiatric admission, 19/41 or 46%), and substance use (36/41 or 88%). Although 26/41 (63%) had runaway and 17/41 (42%) lived in a group home placement, 28/41 (68%) currently lived at home and 29/41 (71%) presented with a parent/guardian or relative. Conclusion Children referred for DMST present frequently to physicians and have complex medical and psychiatric needs. Medical providers’ increased awareness of this health issue would inform victim identification and intervention.

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PMID

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422.

Homeless Individuals Approaching the End of Life: Symptoms and Attitudes.

Embase
Context Over a million individuals in the United States experience homelessness annually and homeless individuals die at a higher rate than domiciled peers. Homeless individuals often have unique experiences at the end of life (EOL). Objectives This study examined the symptoms experienced by homeless individuals nearing the EOL and explored social background, attitudes, and experiences. Methods Investigators conducted surveys of homeless individuals approaching the EOL at a medical respite home. Eligibility required a serious medical condition and for the patient's medical provider to answer "no" to the question "Would you be surprised if this patient were not alive in one year?" Interviews explored symptoms using the Memorial Symptom Assessment Survey. Symptoms were compared with those of relevant comparator groups in other studies. Results Participants (n = 20) were young to face the EOL (median age = 58) and suffered high rates of substance use disorders (n = 18; 90%) and psychiatric diagnoses (n = 16; 80%). Symptom frequency was high, especially as regarded pain and psychological symptoms. Previous experience with death among family and peers was universal (n = 20; 100%). Mistrust of others' decisions about the EOL was common, as was concern about receiving too little (n = 11; 55%) or too much (n = 8; 40%) care at the EOL. The frequency of symptoms was higher than in three comparator studies and those studies' subgroups (P < 0.01 for each comparison). Conclusion Homeless individuals may experience a high frequency of pain and other symptoms as they approach the EOL. Care for such individuals may require a tailored approach.
423.
GHB-involved crimes among intoxicated patients.
Kapitany-Foveny M., Zacher G., Posta J., Demetrovics Z.
Embase
[Article]
AN: 614727720
Introduction In recent years, the involvement of GHB in drug facilitated sexual assaults has been one of the most frequently studied aspects of GHB in both clinical and non-clinical settings. GHB-involved acquisitory crimes, however, can be mentioned as understudied research topics, as well as the poisoning severity properties of GHB. Measures The medical reports of Peterfy Sandor Street Hospital Clinic and Casualty Centre's 408 GHB-intoxication cases (352 patients) were reviewed and registered. Analyzed data consisted of epicrisis, serum and urine concentration of various substances (including GHB), scores of Glasgow Coma Scale and Poisoning Severity Score. Results Majority of the patients were males, in their twenties. GHB was detected in 34.1% and it was solely consumed in 27.7% of all the cases. Ethanol was found to be the most frequently co-ingested substance. A higher rate of severe poisonings was observed among males. We found significant difference in the frequency of enduring sexual assaults and acquisitory crimes between intentional and unintentional GHB intake cases. Among unintentional GHB intake cases, 6.5% endured GHB-involved sexual assaults, whereas 21.7% endured an acquisitory crime. Among recurrent GHB intoxication cases generated by the same patients, voluntary and sole GHB consumptions were more frequently observed, however, enduring any crime was less characteristic. Discussion Our results regarding demographic and substance use characteristics and the frequency of GHB-facilitated sexual assaults are in line with former findings. Enduring acquisitory crimes due to unintentional GHB intake was found to be more inherent than enduring sexual assaults. Authors emphasise that the victims of these acquisitory
crimes were typically males. Conclusion GHB's role in drug facilitated acquisitory crimes seems to be significant, although the decrease in GHB's popularity is observed among intoxicated patients as well. The need for further research on GHB's impact on cognitive impairment and on sexual correlates of intentional GHB use is addressed by the authors. Copyright © 2017 Elsevier B.V.

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2017

424.
Distress-Based Gastrointestinal Symptom Clusters and Impact on Symptom Interference and Quality of Life in Patients with a Hematologic Malignancy Receiving Chemotherapy.
Cherwin C.H., Perkhounkova Y.

Embase
[Article]
AN: 614490282

Background/Significance People with cancer can experience co-occurring related symptoms, labeled symptom clusters. Gastrointestinal (GI) symptoms are common side effects of
chemotherapy, but little research has investigated GI symptom clusters. A further gap in symptom cluster research is the lack of studies reporting symptom clusters based on symptom distress ratings. Purpose To identify distress-based GI symptom clusters and to investigate their relationship to symptom interference with daily life and quality of life (QoL). Subjects About 105 adults with hematologic malignancy receiving chemotherapy. Methods On Day 1 of a cycle of chemotherapy, participants completed a modified version of the Memorial Symptom Assessment Scale assessing 30 clinically relevant symptoms, the M.D. Anderson Symptom Inventory Symptom Interference with Daily Life subscale, and the Fox Simple Quality of Life Scale. Exploratory factor analysis was used to identify distress-based symptom clusters. Symptom clusters with >50% GI symptoms were labeled GI symptom clusters. Linear mixed modeling explored relationships between GI symptom clusters and symptom interference with daily life and QoL. Results Of the six distress-based symptom clusters found, the bloating cluster and appetite cluster were identified as GI symptom clusters. Both the bloating cluster and the appetite cluster were significantly related to symptom interference with daily life, but only the appetite cluster was significantly related to QoL. Conclusions This research demonstrates the existence of distress-based GI symptom clusters and their relationship to symptom interference and QoL. Future work should explore predictors of distress-based symptom clusters and interventions to manage them.
Introduction Penile veno-occlusive dysfunction, is being recognized as a major cause of erectile dysfunction in patients under 40 years. Objective To analyze a series of patients with primary or nonstandard erectile dysfunction who had dorsal venous leak during penile doppler ultrasound. Patients and methods A study with 57 patients, average age 31 years, diagnosed with primary erectile dysfunction-DEP (defined as being started from the beginning of sexual life) and secondary or nonstandard erectile dysfunction (beginning before age 40), who underwent doppler ultrasound study of penis with vasoactive type Trimix following a defined protocol of scanning and reading. The ethics committee approved the study. Results The average age corrected at onset of symptoms was 26.3 years. The group of patients with primary erectile dysfunction was 24 (42.1%) and "Secondary No Standard Erectile dysfunction" was 33 (57.2%). A significant finding in these patients was the presence of dorsal venous leaks were divided into three groups: Exclusive Leak for deep dorsal (41/57 = 75%); deep more superficial dorsal leak (11/57 = 19%) and deep more periurethral leak (5/57 = 8.7%). Conclusion The penile doppler with pharmacological stimulation is an appropriate tool in the evaluation of patients with primary or secondary no standard erectile dysfunction, with the possibility of a diagnosis of deep dorsal venous leak that could explain the origin of dysfunction. The third decade of life could be critical in decline of incoming blood flow to the penis, but this concept deserves further studies.
Yilmaz T., Kuscu O., Sozen T., Suslu A.E.

Embase
[Article In Press]
AN: 615093081

Objective: Voice feminization is needed for male-to-female transsexuals, males with testicular feminization, and females with constitutional androphonia. Anterior glottic web formation affords advantages: endoscopic surgery without skin incision and scar, outpatient surgery, potential reversibility, and low risk for vocal fold and airway damage. Study Design: This is a nonrandomized prospective cohort study. Setting: University hospital. Materials and Methods: All 27 cases of androphonia were treated with endoscopic anterior glottic web formation. Voice Handicap Index (VHI-30); acoustic analysis with /a/ including F0, jitter, shimmer, noise-to-harmonic ratio; and acoustic analysis of connected speech for speaking F0 were determined pre- and postoperatively. Patients and medical students rated pre- and postoperative voices as feminine, masculine, or neither. Results: The pre- and postoperative mean total VHI scores of patients were 38 and 24, respectively; this difference was statistically significant (P < 0.001). Their pre- and postoperative mean F0 and speaking F0 were 152 and 158 and 195 and 200 Hz, respectively; these differences were statistically significant (P < 0.001). Their pre- and postoperative acoustic analysis results were not significantly different (P > 0.05). Seven patients (26%) needed laser reduction glottoplasty for voice feminization because they were not satisfied with the voice result. Patients’ self-evaluations of their postoperative voice revealed 20 feminine, 2 masculine, and 5 neither results, giving a rise to patient satisfaction rate of 74%. Medical students rated 85% of postoperative voice samples as feminine, giving rise to overall success rate of 85%. Conclusion: Anterior commissure web formation is a successful surgical option for voice feminization. However, additional surgery may be necessary for patient satisfaction.

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Institution
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“Cherchez La Femme”: Modulation of Estrogen Receptor Function With Selective Modulators: Clinical Implications in the Field of Urology.
Helo S., Wynia B., McCullough A.
Embase
[Article In Press]
AN: 615092466
Introduction: Selective estrogen receptor modulators (SERMs) have been used off-label in men for more than 50 years. SERMs exert their action on the estrogen receptor agonistically or antagonistically. A fundamental knowledge of the complex molecular action and physiology of SERMs is important in understanding their use and future directions of study in men. Aim: To review the basic science and mechanism of the action of estrogens, the estrogen receptor, and SERMs, and the existing clinical publications on the use of SERMs in men for infertility and hypogonadism with their strengths and weaknesses and to identify the need for future studies.
Methods: After a review of publications on the basic science of estrogen receptors, a chronologic review of published evidence-based studies on the use of SERMs in men for infertility and hypogonadism was undertaken. Main Outcome Measures: Clinical publications were assessed for type of study, inclusion criteria, outcome measurements, and results. Strengths and weaknesses of the publications were assessed and discussed. Results: Few prospective rigorously controlled trials have been undertaken on the use of SERMs in men. Most existing trials are largely retrospective anecdotal studies with inconsistent inclusion and end-point measurements. The SERMs are complex and at times can produce paradoxical results. Their action likely depends on the genetics of the individual, his tissue-specific composition of estrogen receptors, the molecular structure and pharmacodynamics of the SERMs, and their metabolism. Conclusion: Rigorously controlled trials of the use of SERMs in men are needed to better identify

428.
Choi W.S., Cho M.C., Lee J.W., Song S.H., Oh J.K., Lee S.W., Cho S.Y., Park J.Y.
Embase
Prostate International. (no pagination), 2017. Date of Publication: January 10, 2017. [Article In Press]
AN: 615092454
Background: Both hypertension and lower urinary tract symptoms (LUTS) are common conditions in the elderly population. This study investigated the efficacy and safety of silodosin in the treatment of LUTS in elderly men who were taking antihypertensive medications. Materials and methods: This is an observational study which collected the medical records of patients who started silodosin medication for their LUTS between April 2015 and December 2015. Inclusion criteria were age > 65 years, currently taking antihypertensive medication, and International
Prostate Symptom Score (IPSS) > 8. Pretreatment evaluation included IPSS, Male Sexual Health Questionnaire, systemic symptoms, blood pressure, and uroflowmetry. Post-treatment evaluation was performed 3 months after the initial administration of silodosin medication. Results: Mean age of the total 48 patients was 70.7 ± 5.2 years. Thirty-two (66.7%) patients who continued silodosin single treatment showed a significant decrease in IPSS Quality of life scores (4.2 ± 1.1 vs. 3.0 ± 1.6, P = 0.001) and an increase in the maximum flow rate (10.7 ± 6.0 mL/s vs. 14.0 ± 4.5 mL/s, P = 0.001). Blood pressures did not change, and none of the patients needed to adjust their antihypertensive medication. New development of orthostatic hypotension was observed in one (2.5%) patient. Among the six patients who had orthostatic hypotension before silodosin treatment, none of the patients showed symptom aggravation. Ejaculatory dysfunction that required discontinuation of silodosin medication developed in only one (2.5%) patient.

Conclusions: Silodosin is an effective and safe agent in elderly men who are taking antihypertensive medications. Silodosin has an advantage in the treatment of LUTS in this population, even if the patients have orthostatic hypotension before treatment. Copyright © 2017.

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Year of Publication
2017
Robot-assisted intersphincteric resection facilitates an efficient sphincter-saving in patients with low rectal cancer.
Kim J.C., Lee J.L., Alotaibi A.M., Yoon Y.S., Kim C.W., Park I.J.
Embase
[Article In Press]
AN: 615089472
Purpose: Few investigations of robot-assisted intersphincteric resection (ISR) are presently available to support this procedure as a safe and efficient procedure. We aimed to evaluate the utility of robot-assisted ISR by comparison between ISR and abdominoperineal resection (APR) using both robot-assisted and open approaches. Methods: The 558 patients with lower rectal cancer (LRC) who underwent curative operation was enrolled between July 2010 and June 2015 to perform either by robot-assisted (ISR vs. APR = 310 vs. 34) or open approaches (144 vs. 70). Perioperative and functional outcomes including urogenital and anorectal dysfunctions were measured. Recurrence and survival were examined in 216 patients in which >3 years had elapsed after the operation. Results: The robot-assisted approach was the most significant parameter to determine ISR achievement among potent parameters (OR = 3.467, 95% CI = 2.095-5.738, p < 0.001). Early surgical complications occurred more frequently in the open ISR group (16 vs. 7.7%, p = 0.01). The voiding and male sexual dysfunctions were significantly more frequent in the open ISR (p < 0.05). The fecal incontinence and lifestyle alteration score was greater in the open ISR than in the robot-assisted ISR at 12 and 24 months, respectively (p < 0.05). However, the 3-year cumulative rates of local recurrence and survival did not differ between the two groups. Conclusions: The current procedure of robot-assisted ISR replaced a significant portion of APR to achieve successful SSO via mostly transabdominal approach and double-stapled anastomosis. The robot-assisted ISR with minimal invasiveness might be a help to reduce anorectal and urogenital dysfunctions. Copyright © 2017 Springer-Verlag Berlin Heidelberg
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Atypical pituitary adenomas: clinical characteristics and role of ki-67 and p53 in prognostic and therapeutic evaluation. A series of 50 patients.
Del Basso De Caro M., Solari D., Pagliuca F., Villa A., Guadagno E., Cavallo L.M., Colao A., Pettinato G., Cappabianca P.

Embase Neurosurgical Review. 40 (1) (pp 105-114), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 610509119

The aim of the study was to assess incidence rate, hormonal activity, and local invasiveness and evaluate outcomes of so-diagnosed atypical pituitary adenomas that underwent endoscopic endonasal surgery at the Division of Neurosurgery of Universita degli Studi di Napoli Federico II.

According to the 2004 WHO classification, atypical pituitary adenomas are defined by an invasive growth, Ki-67/MIB-1 proliferative index greater than 3 %, high p53 immunoreactivity, and increased mitotic activity. A retrospective analysis of a series of 434 pituitary adenomas that underwent endoscopic endonasal surgery at our department between March 2007 and February 2013 was performed. Fifty adenomas (11.5 %) met the criteria of diagnosis of atypical lesions; 10 (21.6 %) of the 50 patients were recurrent tumors with a previous transsphenoidal surgery. Forty-one (82 %) were macroadenomas, and 21/50 (42 %) showed a clear invasion of the cavernous sinus. Histotype of atypical adenomas figured out to be nonfunctioning in 23 cases (46 %), PRL secreting in 10 cases (20 %), ACTH secreting and GH secreting each apart in 8 patients (16 %), and in a single case a GH/PRL secreting adenoma (2 %). The Ki-67 labeling index ranged from 3.5 to 22.5 % (mean 5.6 %). Tumor recurrence was observed in six cases (12 %) after a mean time of 18 months (range 9-24 months). Mean follow-up was 36.5 months (range 2-80 months). Atypical pituitary adenomas account for ca. 10 % of all pituitary adenomas; these lesions have peculiar features. It should be considered that a strong immunopositivity of p53 and higher Ki-67
LI could predict an increased risk of tumor recurrence, but more studies and larger series are expected to confirm and enlarge the diagnostic and therapeutic management process of these lesions. Copyright © 2016, Springer-Verlag Berlin Heidelberg.

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2017

431.

Diagnosis and treatment of pituitary adenomas: A review.
Molitch M.E.

Embase


[Review]

AN: 614725357

Importance Pituitary adenomas may hypersecrete hormones or cause mass effects. Therefore, early diagnosis and treatment are important. OBSERVATIONS Prevalence of pituitary adenomas ranges from 1 in 865 adults to 1 in 2688 adults. Approximately 50% are microadenomas (<10
mm); the remainder are macroadenomas (<10 mm). Mass effects cause headache, hypopituitarism, and visual field defects. Treatments include transsphenoidal surgery, medical therapies, and radiotherapy. Prolactinomas account for 32% to 66% of adenomas and present with amenorrhea, loss of libido, galactorrhea, and infertility in women and loss of libido, erectile dysfunction, and infertility in men; they are generally treated with the dopamine agonists cabergoline and bromocriptine. Growth hormone-secreting tumors account for 8% to 16% of tumors and usually present with enlargement of the lips, tongue, nose, hands, and feet and are diagnosed by elevated insulin-like growth factor 1 levels and growth hormone levels; initial treatment is surgical. Medical therapy with somatostatin analogues, cabergoline, and pegvisomant is often also needed. Adrenocorticotrophic hormone (ACTH)-secreting tumors account for 2% to 6% of adenomas and are associated with obesity, hypertension, diabetes, and other morbidity. Measurement of a late-night salivary cortisol level is the best screening test but petrosal sinus sampling for ACTH may be necessary to distinguish a pituitary from an ectopic source. The primary treatment of Cushing disease (hypercortisolism due to ACTH-producing adenomas, which is the cause in approximately 65% of the cases of hypercortisolism) is adenoma resection and medical therapies including ketoconazole, mifepristone, and pasireotide. Hyperthyroidism due to thyroid-stimulating hormone-secreting tumors accounts for 1% of tumors and is treated with surgery and somatostatin analogues if not surgically cured. Clinically nonfunctioning adenomas account for 15% to 54% of adenomas and present with mass effects; surgery is generally required, although incidentally found tumors can be followed if they are asymptomatic. CONCLUSIONS AND RELEVANCE Patients with pituitary adenomas should be identified at an early stage so that effective treatment can be implemented. For prolactinomas, initial therapy is generally dopamine agonists. For all other pituitary adenomas, initial therapy is generally transsphenoidal surgery with medical therapy being reserved for those not cured by surgery.

PMID

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Publisher
American Medical Association (E-mail: smcleod@itsa.ucsf.edu)
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20170403
Year of Publication
Pharmacokinetics and tolerability of DA-8031, a novel selective serotonin reuptake inhibitor for premature ejaculation in healthy male subjects.


Embase


[Article]

AN: 614771885

Objective: DA-8031 is a selective serotonin reuptake inhibitor under development for the treatment of premature ejaculation. This is the first-in-human study aimed at evaluating the pharmacokinetics and tolerability of DA-8031 and its metabolites (M1, M2, M4, and M5) in the plasma and urine after administration of a single oral dose in healthy male subjects. Methods: A dose block-randomized, double-blind, placebo-controlled, single ascending dose study was conducted. Subjects received either placebo or a single dose of DA-8031 at 5, 10, 20, 40, 60, 80, or 120 mg. DA-8031 and its four metabolites were analyzed in the plasma and urine for pharmacokinetic evaluation. The effect of genetic polymorphisms of cytochrome-P450 (CYP) enzymes on the pharmacokinetics of DA-8031 was evaluated. Results: After a single dose, plasma DA-8031 reached the maximum concentration at a median of 2-3 h and was eliminated with terminal elimination half-life of 17.9-28.7 h. The mean renal clearance was 3.7-5.6 L/h. Dose-proportional pharmacokinetics was observed over the dose range of 20-80 mg. Among the metabolites, M4 had the greatest plasma concentration, followed by M5 and M1. Subjects with CYP2D6 intermediate metabolizer had significantly greater dose-normalized Cmax and AUC0-t of DA-8031 as well as smaller metabolic ratios than those subjects with CYP2D6 extensive metabolizer. The most common adverse events were nausea, dizziness, and headache, and no serious adverse events were reported. Conclusion: In conclusion, the systemic exposure of DA-8031 was increased proportionally to the dose within 20-80 mg. Genetic polymorphisms of CYP2D6 had an effect on the systemic exposure of DA-8031. DA-8031 was well tolerated after single doses of 80 mg or less. Copyright © 2017 Shin et al.
Association of hormonal changes with disease severity and mortality in critically-ill patients.

Cuhaci N., Ogmen B., Doger C., Polat B., Izdes S., Ersoy R., Cakir B.

Embase
Turkish Journal of Endocrinology and Metabolism. 21 (1) (pp 1-8), 2017. Date of Publication: March 2017.

[Article]
AN: 614747276

Purpose: Endocrine and metabolic changes, which may affect the prognosis and outcome, can occur in critically ill patients. In this prospective study, we aimed to evaluate the changes in the pituitary-adrenal-gonadal-thyroid axis in patients admitted to the adult intensive care unit on admission and 15 days later and also to evaluate whether these hormonal changes contribute to prognosis and mortality as well as to investigate the association between these hormonal changes and Acute Physiology and Chronic Health Evaluation II (APACHE II) and sequential organ failure assessment (SOFA) scores, length of hospitalization, and mortality. Material and Method: One hundred and fifty seven patients were enrolled in this study. Severity of illness was assessed by APACHE II and SOFA scores. Blood samples were collected within the first 4 hours of intensive care unit admission and 15 days later for hormonal evaluation. Results: Eighty-five patients were in survival (S), 72 were in the non-survival (NS) group. The median age, and baseline APACHE II, median APACHE II mortality and SOFA scores in NS group were
significantly higher than in S group. According the baseline endocrine parameters, the predictive factors on mortality were age, baseline SOFA score and hospitalization length and also, 15 days after the admission, age and DELTA TSH were found be the predictive factors in mortality.

Discussion: Our study revealed that none of the endocrine parameters contribute to mortality except DELTA TSH. We assume that DELTA TSH can be used together with APACHE II or SOFA scores in the prediction of prognosis in a tertiary mixed type intensive care unit. Copyright © 2017 by Turkish Journal of Endocrinology and Metabolism Association.

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Date Created
20170403
Year of Publication
2017

434.
Testosterone treatment and cognitive function in older men with low testosterone and age-associated memory impairment.
Embase
[Article]
AN: 614732617
Importance: Most cognitive functions decline with age. Prior studies suggest that testosterone treatment may improve these functions. Objective: To determine if testosterone treatment compared with placebo is associated with improved verbal memory and other cognitive functions in older men with low testosterone and age-associated memory impairment (AAMI). Design, Setting, and Participants: The Testosterone Trials (TTrials) were 7 trials to assess the efficacy of testosterone treatment in older men with low testosterone levels. The Cognitive Function Trial evaluated cognitive function in all TTrials participants. In 12 US academic medical centers, 788 men who were 65 years or older with a serum testosterone level less than 275 ng/mL and impaired sexual function, physical function, or vitality were allocated to testosterone treatment (n = 394) or placebo (n = 394). A subgroup of 493 men met criteria for AAMI based on baseline subjective memory complaints and objective memory performance. Enrollment in the TTrials began June 24, 2010; the final participant completed treatment and assessment in June 2014. Interventions: Testosterone gel (adjusted to maintain the testosterone level within the normal range for young men) or placebo gel for 1 year. Main Outcomes and Measures: The primary outcome was the mean change from baseline to 6 months and 12 months for delayed paragraph recall (score range, 0 to 50) among men with AAMI. Secondary outcomes were mean changes in visual memory (Benton Visual Retention Test; score range, 0 to 26), executive function (Trail-Making Test B minus A; range, -290 to 290), and spatial ability (Card Rotation Test; score range, -80 to 80) among men with AAMI. Tests were administered at baseline, 6 months, and 12 months. Results: Among the 493 men with AAMI (mean age, 72.3 years [SD, 5.8]; mean baseline testosterone, 234 ng/dL [SD, 65.1]), 247 were assigned to receive testosterone and 246 to receive placebo. Of these groups, 247 men in the testosterone group and 245 men in the placebo completed the memory study. There was no significant mean change from baseline to 6 and 12 months in delayed paragraph recall score among men with AAMI in the testosterone and placebo groups (adjusted estimated difference, -0.07 [95%CI, -0.92 to 0.79]; P = .88). Mean scores for delayed paragraph recall were 14.0 at baseline, 16.0 at 6 months, and 16.2 at 12 months in the testosterone group and 14.4 at baseline, 16.0 at 6 months, and 16.5 at 12 months in the placebo group. Testosterone was also not associated with significant differences in visual memory (-0.28 [95%CI, -0.76 to 0.19]; P = .24), executive function (-5.51 [95%CI, -12.91 to 1.88]; P = .14), or spatial ability (-0.12 [95%CI, -1.89 to 1.65]; P = .89). Conclusions and Relevance: Among older men with low testosterone and age-associated memory impairment, treatment with testosterone for 1 year compared with placebo was not associated with improved memory or other cognitive functions. Copyright © 2017 American Medical Association. All rights reserved.


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Testosterone treatment and coronary artery plaque volume in older men with low testosterone.
Budoff M.J., Ellenberg S.S., Lewis C.E., Mohler E.R., Wenger N.K., Bhasin S., Barrett-Connor E.,
Swerdloff R.S., Stephens-Shields A., Cauley J.A., Crandall J.P., Cunningham G.R., Ensrud K.E.,
Gill T.M., Matsumoto A.M., Molitch M.E., Nakanishi R., Nezarat N., Matsumoto S., Hou X.,
Basaria S., Diem S.J., Wang C., Cifelli D., Snyder P.J.

Embase
JAMA - Journal of the American Medical Association. 317 (7) (pp 708-716), 2017. Date of
[Article]
AN: 614732610
Importance: Recent studies have yielded conflicting results as to whether testosterone treatment
increases cardiovascular risk. Objective: To test the hypothesis that testosterone treatment of
older men with low testosterone slows progression of noncalcified coronary artery plaque volume.

Design, Setting, and Participants: Double-blinded, placebo-controlled trial at 9 academic medical
centers in the United States. The participants were 170 of 788 men aged 65 years or older with
an average of 2 serum testosterone levels lower than 275 ng/dL (82 men assigned to placebo, 88
to testosterone) and symptoms suggestive of hypogonadism who were enrolled in the
Testosterone Trials between June 24, 2010, and June 9, 2014. Intervention: Testosterone gel,
with the dose adjusted to maintain the testosterone level in the normal range for young men, or
placebo gel for 12 months. Main Outcomes and Measures: The primary outcome was noncalcified
coronary artery plaque volume, as determined by coronary computed tomographic angiography. Secondary outcomes included total coronary artery plaque volume and coronary artery calcium score (range of 0 to >400 Agatston units, with higher values indicating more severe atherosclerosis). Results: Of 170 men who were enrolled, 138 (73 receiving testosterone treatment and 65 receiving placebo) completed the study and were available for the primary analysis. Among the 138 men, the mean (SD) age was 71.2 (5.7) years, and 81% were white. At baseline, 70 men (50.7%) had a coronary artery calcification score higher than 300 Agatston units, reflecting severe atherosclerosis. For the primary outcome, testosterone treatment compared with placebo was associated with a significantly greater increase in noncalcified plaque volume from baseline to 12 months (from median values of 204 mm\(^3\) to 232 mm\(^3\) to 317 mm\(^3\) to 325 mm\(^3\), respectively; estimated difference, 41 mm\(^3\); 95% CI, 14 to 67 mm\(^3\); \(P = .003\)). For the secondary outcomes, the median total plaque volume increased from baseline to 12 months from 272 mm\(^3\) to 318 mm\(^3\) in the testosterone group vs from 499 mm\(^3\) to 541 mm\(^3\) in the placebo group (estimated difference, 47 mm\(^3\); 95% CI, 13 to 80 mm\(^3\); \(P = .006\)), and the median coronary artery calcification score changed from 255 to 244 Agatston units in the testosterone group vs 494 to 503 Agatston units in the placebo group (estimated difference, -27 Agatston units; 95% CI, -80 to 26 Agatston units). No major adverse cardiovascular events occurred in either group. Conclusions and Relevance: Among older men with symptomatic hypogonadism, treatment with testosterone gel for 1 year compared with placebo was associated with a significantly greater increase in coronary artery noncalcified plaque volume, as measured by coronary computed tomographic angiography. Larger studies are needed to understand the clinical implications of this finding. Copyright © 2017 American Medical Association. All rights reserved.


Status EMBASE

Institution (Budoff, Nakanishi, Nezarat, Matsumoto) Division of Cardiology, Los Angeles Biomedical Research Institute, Harbor-UCLA Medical Center, Torrance, CA, United States  (Ellenberg, Stephens-Shields, Hou, Cifelli) Department of Biostatistics and Epidemiology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, United States  (Lewis) Division of Preventive Medicine, University of Alabama at Birmingham, United States  (Mohler) Section of Vascular Medicine, Division of Cardiovascular Disease, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, United States  (Wenger) Division of Cardiology, Department of Medicine, Emory Heart and Vascular Center, Emory University School of Medicine, Atlanta, GA, United States
436.
Testosterone and male aging: Faltering hope for rejuvenation.
Handelsman D.J.
Embase
[Review]
AN: 614732585
Status EMBASE
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Publisher American Medical Association (E-mail: smcleod@itsa.ucsf.edu)
Date Created 20170331
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437.
An open-label clinical trial to investigate the efficacy and safety of corifollitropin alfa combined with hCG in adult men with hypogonadotropic hypogonadism.
Embase
[Article]
AN: 614684133
Background: Hypogonadotropic hypogonadism (HH) in men results in insufficient testicular function and deficiencies in testosterone and spermatogenesis. Combinations of human chorionic gonadotropin (hCG) and recombinant follicle-stimulating hormone (recFSH) have been successful in the treatment of HH. Corifollitropin alfa is a long-acting FSH-analog with demonstrated action in women seeking infertility care. The aim of this study was to investigate the efficacy and safety of corifollitropin alfa combined with hCG to increase testicular volume and induce spermatogenesis in men with HH. Methods: This was a Phase III, multi-center, open-label, single-arm trial of corifollitropin alfa in azoospermic men aged 18 to 50 years with HH. After 16 weeks of pretreatment of 23 subjects with hCG alone, 18 subjects with normalized testosterone (T) levels who remained azoospermic entered the 52-week combined treatment phase with hCG twice-weekly and 150 mug corifollitropin alfa every other week. The increase in testicular volume (primary efficacy endpoint) and induction of spermatogenesis resulting in a sperm count >1 x 10^6/mL (key secondary efficacy endpoint) during 52 weeks of combined treatment were assessed. Safety was evaluated by the presence of anti-corifollitropin alfa antibodies and the occurrence of adverse events (AEs). Results: Mean (+/-SD) testicular volume increased from 8.6 (+/-6.09) mL to 17.8 (+/-8.93) mL (geometric mean fold increase, 2.30 [95% CI: 2.03, 2.62]); 14 (77.8%) subjects reached a sperm count >1 x 10^6/mL. No subject developed confirmed anti-corifollitropin alfa antibodies during the trial. Treatment was generally well tolerated. Conclusions: Corifollitropin alfa 150 mug administrated every other week combined with twice-weekly hCG for 52 weeks increased testicular volume significantly, and induced spermatogenesis in >75% of men with HH who had remained azoospermic after hCG treatment alone. Trial registration: ClinicalTrials.gov: NCT01709331. Copyright © 2017 The Author(s).
EIF2S3 Mutations Associated with Severe X-Linked Intellectual Disability Syndrome MEHMO.

Embase
Human Mutation. 38 (4) (pp 409-425), 2017. Date of Publication: 01 Apr 2017.

[Article]
AN: 614236572
Impairment of translation initiation and its regulation within the integrated stress response (ISR) and related unfolded-protein response has been identified as a cause of several multisystemic syndromes. Here, we link MEHMO syndrome, whose genetic etiology was unknown, to this group of disorders. MEHMO is a rare X-linked syndrome characterized by profound intellectual disability, epilepsy, hypogonadism and hypogenitalism, microcephaly, and obesity. We have identified a C-terminal frameshift mutation (Ile465Serfs) in the EIF2S3 gene in three families with MEHMO syndrome and a novel maternally inherited missense EIF2S3 variant (c.324T>A; p.Ser108Arg) in another male patient with less severe clinical symptoms. The EIF2S3 gene encodes the gamma subunit of eukaryotic translation initiation factor 2 (eIF2), crucial for initiation of protein synthesis and regulation of the ISR. Studies in patient fibroblasts confirm increased ISR activation due to the Ile465Serfs mutation and functional assays in yeast demonstrate that the Ile465Serfs mutation impairs eIF2gamma function to a greater extent than tested missense mutations, consistent with the more severe clinical phenotype of the Ile465Serfs male mutation carriers. Thus, we propose that more severe EIF2S3 mutations cause the full MEHMO phenotype, while less deleterious mutations cause a milder form of the syndrome with only a subset of the symptoms. Copyright © 2017 WILEY PERIODICALS, INC.

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Institution
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The role of dietary polyphenols in the management of erectile dysfunction-Mechanisms of action.
Eleazu C., Obianuju N., Eleazu K., Kalu W.

Embase
Biomedicine and Pharmacotherapy. 88 (pp 644-652), 2017. Date of Publication: 01 Apr 2017.
[Review]
AN: 614202414

The incidence of erectile dysfunction (ED) is on the increase and it is estimated that it will affect about 322 million men globally by the year 2025 if adequate measures are not taken to curb it. Natural polyphenols in plant based diets have gained public interest in recent times due to their roles in the prevention of various disease that implicate free radicals/reactive oxygen species and recently on ED. However, the role of polyphenols in the management of ED has not been explored due perhaps to limited data available. Hence this study which reviewed the role of dietary polyphenols in the management of ED and their mechanisms of action. Literature search was carried out in several electronic data bases such as Pubmed, Google Scholar, Medline, Agora and Hinari from 1972 to 2016 to identify the current status of knowledge on the role of polyphenols in the management of erectile dysfunction. Progress made so far in this direction suggests inhibition of arginase, acetylcholinesterase, angiotensin converting enzyme, rho-kinase II; activation of endothelial and neuronal NO synthase; decreased synthesis of luteinizing hormone and testosterone reduction; activation of silent information regulator 2-related enzymes (sirtuin1) as well as free radical/reactive oxygen species inhibition as the mechanisms through which the polyphenols identified in this review exert beneficial roles in the management of ED.

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Date Created
20170206
The impact of hypomagnesemia on erectile dysfunction in elderly, non-diabetic, stage 3 and 4 chronic kidney disease patients: A prospective cross-sectional study.
Toprak O., Sari Y., Koc A., Sari E., Kirik A.
Embase
[Article]
AN: 614606189
Background: Erectile dysfunction (ED) is common in older men with chronic kidney disease. Magnesium is essential for metabolism of nitric oxide which helps in penile erection. There is little information available about the influence of serum magnesium on ED. The aim of the study was to assess the influence of hypomagnesemia on ED in elderly chronic kidney disease patients.
Subjects and methods: A total of 372 patients aged 65-85 years, with an estimated glomerular filtration rate of 60-15 mL/min/1.73 m2, were divided into two groups according to serum magnesium levels: hypomagnesemia, n=180; and normomagnesemia, n=192. ED was assessed through the International Index of Erectile Function-5. Hypomagnesemia is defined as serum magnesium < 1.8 mg/dL. Results: The prevalence of ED was higher among hypomagnesemic subjects compared to that among normomagnesemics (93.3% vs 70.8%, P < 0.001). Severe ED (62.8% vs 43.8%, P=0.037), mild-to-moderate ED (12.2% vs 5.2%, P=0.016), abdominal obesity (37.2% vs 22.9%, P=0.003), metabolic syndrome (38.4% vs 19.2%, P=0.026), proteinuria (0.83+-0.68 vs 0.69+-0.48 mg/dL, P=0.023), and C-reactive protein (6.1+-4.9 vs 4.1+-3.6 mg/L, P < 0.001) were high; high-density lipoprotein cholesterol (48.8+-14.0 vs 52.6+-13.5 mg/dL, P=0.009), and albumin (4.02+-0.53 vs 4.18+-0.38 g/dL, P=0.001) were low in the hypomagnesemia group. Serum magnesium < 1.85 mg/dL was the best cutoff point for prediction of ED. Hypomagnesemia (relative risk [RR] 2.27), age >70 (RR 1.74), proteinuria (RR 1.80), smoking (RR 21.12), C-reactive protein (RR 1.34), abdominal obesity (RR 3.92), and hypertension (RR 2.14) were predictors of ED. Conclusion: Our data support that ED is related to hypomagnesemia in elderly patients with moderately to severely reduced kidney function.
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PMID
Novel Heterozygous Genetic Variants in Patients with 46,XY Gonadal Dysgenesis.
Chauhan V., Jyotsna V.P., Jain V., Khadgawat R., Dada R.
Embase
Hormone and Metabolic Research. 49 (1) (pp 36-42), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 612619032
46,XY gonadal dysgenesis (GD) constitutes a rare group of disorders characterized by the presence of dysfunctional testes in genotypic males. The molecular etiology is not known in about 2 thirds of instances. The aim of this study was to identify the genetic cause in patients with 46,XY gonadal dysgenesis. Based on clinical, cytogenetic, and biochemical screening, 10 patients with 46,XY GD were recruited. Direct sequencing of SRY, NR5A1, SOX9, DAX1, DHH, DMRT1 genes was carried out for molecular analysis. Among 10 patients, 5 were diagnosed with complete gonadal dysgenesis (CGD), 3 with partial gonadal dysgenesis (PGD), and 3 with testicular agenesis. Molecular analysis revealed 12 heterozygous genetic changes, 4 of which were novel. One (c.416T>A) was observed in evolutionary conserved region of DMRT1 gene in a patient with CGD and was found to be probably damaging on in silico analysis. Other 3 were identified in NR5A1 gene (c.990+22 C>A, c.1387+1403T>A and p.131P), but their association
with gonadal dysgenesis is not evident from our study. These genetic changes were absent in parents and 50 healthy control samples, which were also studied. With targeted sequencing approach, a molecular diagnosis was made in only one patient with 46,XY GD. The application of new genomic technologies is required for the precise evaluation of these rare genetic defects.


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442.

Effects of testosterone replacement therapy on hypogonadal men with osteopenia or osteoporosis: a subanalysis of a prospective randomized controlled study in Japan (EARTH study).
[Article In Press]
AN: 615054625
Objective: We investigated the effects of testosterone replacement therapy (TRT) on bone mineral density (BMD) among hypogonadal men with osteopenia/osteoporosis. Methods: From
our previous EARTH study population, 74 patients with a clinical diagnosis of osteopenia or osteoporosis and hypogonadism were included in this study, as the TRT (n=35) and control (n=34) groups. The TRT group was administered 250mg of testosterone enanthate injection every 4 weeks for 12 months. The BMD, waist circumference, body mass index, body fat percentage, and muscle volume were measured at baseline and at 12 months. Blood biochemical data, including total cholesterol, triglycerides, HDL-cholesterol, hemoglobin A1c, and adiponectin values were also evaluated. Results: At the 12-month visit, BMD significantly increased in both groups. However, comparisons on changes of parameter values from baseline to the 12-month visit between the TRT and control groups were significantly different in BMD (5.0+/−5.0 vs. 3.0+/−3.2; p=.0434) and in adiponectin value (-0.90+/−3.33 vs. 0.10+/−2.04; p=.0192). There were no significant changes in other parameters. Conclusions: TRT for 12 months could improve BMD with a decrease in adiponectin levels among hypogonadal men with osteopenia/osteoporosis.

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Date Created
20170331

Year of Publication
2017

443.
Endometriosis doubles the risk of sexual dysfunction: a cross-sectional study in a large amount of patients.
Fairbanks F., Abdo C.H., Baracat E.C., Podgaec S.
Introduction: Endometriosis affects several aspects of a woman's life, including sexual function, but which specific aspects of sexual function remains unclear. Methods: A cross-sectional study was performed involving 1001 women divided into two groups, according to the presence or absence of endometriosis. We assessed sexual function, anxiety and depression of patients and correlated these findings with symptoms, locations and types of endometriosis and the affected domains of sexual function. Eighteen completed the forms incorrectly, 294 women (29.9%) were excluded due to severe anxiety and depression. One hundred and six patients had symptoms that could have any relation to endometriosis, so they were also excluded. The final cohort was composed of 254 patients with endometriosis and 329 patients without the disease. Sexual function score was assessed using the female sexual quotient (FSQ); Beck inventories were used to assess anxiety and depression. Results: Patients with endometriosis were affected in all phases of sexual response: desire, sexual arousal, genital-pelvic pain/penetration and orgasm/sexual satisfaction. In the overall assessment, 43.3% of patients with endometriosis had sexual dysfunction, while the population without endometriosis sexual dysfunction occurred in 17.6% of women. Conclusions: Patients with endometriosis have more than twice sexual dysfunctions as compared to women without the disease. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group.

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Publisher
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2017
The effect of L-thyroxine treatment on sexual function and depressive symptoms in men with autoimmune hypothyroidism.

Krysiak R., Szkrobka W., Okpiken B.

Pharmacological Reports. 69 (3) (pp 432-437), 2017. Date of Publication: 01 Jun 2017.

Background Thyroid autoimmunity and mild hypothyroidism in women seem to be associated with sexual dysfunction and depressive symptoms. Data concerning similar associations in men are limited. The aim of this study was to investigate sexual functioning and depressive symptoms in men with autoimmune hypothyroidism.

Methods The study population consisted of three groups: men with autoimmune overt hypothyroidism (group A), men with autoimmune subclinical hypothyroidism (group B) and healthy euthyroid males without thyroid autoimmunity (group C). Apart from measuring serum levels of thyrotropin and free thyroid hormones and thyroid antibody titers, all included patients completed a questionnaires evaluating male sexual function (International Index of Erectile Function-15: IIEF-15) and assessing the presence and severity of depressive symptoms (Beck Depression Inventory-Second Edition - BDI-II) before and after 6 months of levothyroxine treatment.

Results Men with overt hypothyroidism obtained lower scores in all five domains of IIEF-15, while men with subclinical hypothyroidism only in erectile function. The total BDI-II score was higher in groups A than in groups B and C, as well as higher in group B than in group C. L-thyroxine improved erectile function and normalized intercourse satisfaction, orgasmic function, sexual desire and overall satisfaction in group A, as well as normalized erectile function in group B. In group A, L-thyroxine reduced, while in group B tended to reduce total BDI-II.

Conclusions The obtained results suggest that autoimmune hypothyroidism in men is characterized by sexual and mood disturbances and that hypothyroid patients with sexual dysfunction and depressive symptoms benefit from L-thyroxine treatment.

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Artistic activities and psychological well-being perceived by patients with spinal cord injury.
Macri E., Limoni C.

Arts in Psychotherapy. 54 (pp 1-6), 2017. Date of Publication: 01 Jul 2017.
[Article]
AN: 614606102

This study aimed to determine whether engaging in artistic activities affected the psychological well-being of patients with spinal cord injuries (SCI). 19 hospital patients with SCI regularly engaged in arts-based activities such as painting, woodworking and working with clay. The psychological general well-being index (PGWBI) was used to measure the subjective well-being of participants during two periods. The first period coincided with the reactivation phase, in which individual physical and psychological health conditions began to improve, allowing them to participate in the activities; the second phase coincided with the pre-discharge period, after the patients carried out the artistic activities. The results showed a statistically significant change of the PGWBI global score from a moderate distress level to the absence of distress, while 4 domains out of the 6 PGWBI domains (general health, vitality, depressed mood and positive well-being) demonstrated a statistically significant change. Copyright © 2017 Elsevier Ltd

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Eurycoma Longifolia as a potential adaptogen of male sexual health: a systematic review on clinical studies.

Thu H.E., Mohamed I.N., Hussain Z., Jayusman P.A., Shuid A.N.

Embase


[Article]

AN: 614621595

Eurycoma longifolia (EL) has been well recognized as a booster of male sexual health. Over the past few decades, numerous in vivo animal studies and human clinical trials have been conducted across the globe to explore the promising role of EL in managing various male sexual disorders, which include erectile dysfunction, male infertility, low libido, and downregulated testosterone levels. The aim of the present review is to analyze and summarize the literature on human clinical trials which revealed the clinical significance and therapeutic feasibility of EL in improving male sexual health. This systematic review is focused on the following databases: Medline, Wiley Online Library, BioMed Central, Hindawi, Web of Knowledge, PubMed Central and Google Scholar, using search terms such as “Eurycoma longifolia”, “EL”, “Tongkat Ali”, “male sexual health”, “sexual infertility”, “erectile dysfunction”, “male libido”, and “testosterone levels”. Notably, only human clinical studies published between 2000 and 2014 were selected and thoroughly reviewed for relevant citations. Out of 150 articles, 11 met the inclusion criteria. The majority of articles included were randomized placebo-controlled trials, multiple cohort studies, or pilot trials. All these studies demonstrated considerable effects of EL on male sexual health disorders. Among them, 7 studies revealed remarkable association between the use of EL and the efficacy in the treatment of male sexual disorders, and remaining 4 studies failed to demonstrate sufficient effects on male sexual health. In summary, there is convincing evidence for the prominence of EL in improving the male sexual health. The review also substantiates the use of current methodology in the development of novel and more rationale natural herbal medicines for the management of male sexual disorders. Copyright © 2017 China Pharmaceutical University

PMID

In this study, institutional (local) diagnostic reference levels (LDRLs) and action levels (ALs) for spine interventional procedures are reported. Fluoroscopy time (FT), kerma area product (KAP), cumulative dose (CD), as well as anatomical, clinical and technical factors affecting procedure complexity were recorded for 156 patients who underwent cervical and thoraco-lumbar interventions. Patient entrance surface dose (ESD), effective dose (ED), thyroid absorbed dose and gonadal dose were also estimated, based on KAP measurements. The LDRLs and ALs were calculated as the 75th and 10th percentile of FT, KAP and CD values for the total group of patients, as well as utilizing the weight banding method and the size correction method. For the total distribution of patients, the LDRLs for cervical and thoraco-lumbar interventions are 0.15 min and 0.29 min for FT values, 0.10 Gy cm$^2$ and 0.71 Gy cm$^2$ for KAP values, as well as 0.47 mGy and 3.24 mGy for CD values, respectively. The corresponding ALs are 0.03 min and 0.03 min,
0.01 Gy cm² and 0.07 Gy cm², as well as 0.05 mGy and 0.33 mGy for FT, KAP and CD values, respectively. The age and treated levels had a significant influence on the reference dose values only for cervical interventions, whereas none of the other included factors showed statistically significant association for both cervical and thoraco-lumbar interventions. The weight banding method resulted to reference values comparable to those obtained for the whole group of patients, while the size correction method resulted to lower values. The mean ESD values were 1.58 mGy (range 0.02-13.58 mGy) for cervical and 23 mGy (range 0.004-390.3 mGy) for thoraco-lumbar interventions. The corresponding mean ED values were 0.012 mSv (range 0.001-0.097 mSv) and 0.124 mSv (range 0.00002-2.11 mSv), respectively. The mean thyroid and gonadal doses were 0.14 mGy (range 0.002-1.12 mGy) and 0.044 mGy (range 0.000003-1.56 mGy), respectively. The LDRLs and ALs reported could contribute in the effort for establishing national DRLs and for increasing neurosurgeons awareness regarding patient dose and radiation protection issues during spine interventional procedures.  Copyright © 2017 Elsevier B.V.

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448.

**Auditory- and vestibular-evoked potentials correlate with motor and non-motor features of Parkinson's disease.**


Embase
Degeneration of several brainstem nuclei has been long related to motor and non-motor symptoms (NMSs) of Parkinson's disease (PD). Nevertheless, due to technical issues, there are only a few studies that correlate that association. Brainstem auditory-evoked potential (BAEP) and vestibular-evoked myogenic potential (VEMP) responses represent a valuable tool for brainstem assessment. Here, we investigated the abnormalities of BAEPs, ocular VEMPs (oVEMPs), and cervical VEMPs (cVEMPs) in patients with PD and its correlation to the motor and NMSs. Fifteen patients diagnosed as idiopathic PD were evaluated by Unified Parkinson's Disease Rating Scale and its subscores, Hoehn and Yahr scale, Schwab and England scale, and Non-Motor Symptoms Scale. PD patients underwent pure-tone, speech audiometry, tympanometry, BAEP, oVEMPs, and cVEMPs, and compared to 15 age-matched control subjects. PD subjects showed abnormal BAEP wave morphology, prolonged absolute latencies of wave V and I-V interpeak latencies. Absent responses were the marked abnormality seen in oVEMP. Prolonged latencies with reduced amplitudes were seen in cVEMP responses. Rigidity and bradykinesia were correlated to the BAEP and cVEMP responses contralateral to the clinically more affected side. Contralateral and ipsilateral cVEMPs were significantly correlated to sleep (p = 0.03 and 0.001), perception (p = 0.03), memory/cognition (p = 0.025), and urinary scores (p = 0.03). The oVEMP responses showed significant correlations to cardiovascular (p = 0.01) and sexual dysfunctions (p = 0.013). PD is associated with BAEP and VEMP abnormalities that are correlated to the motor and some non-motor clinical characteristics. These abnormalities could be considered as potential electrophysiological biomarkers for brainstem dysfunction and its associated motor and non-motor features. Copyright © 2017 Shalash, Hassan, Elrassas, Salama, Mendez-Hernandez, Salas-Pacheco and Arias-Carrion.

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Time of onset of vardenafil orodispersible tablet in a real-life setting-looking beyond randomized clinical trials.


Embase
[Article]
AN: 614424284

Background: A rapid onset of action for phosphodiesterase type 5 inhibitors (PDE5is) emerged to be of clinical importance in men treated for erectile dysfunction (ED). Data from randomized clinical trials (RCTs) showed a rapid onset of action for vardenafil 10 mg orodispersible tablet (ODT). However, the effectiveness of vardenafil ODT has never been tested in a real-life setting. We assessed the efficacy and time to onset of action of vardenafil ODT in men seeking medical help for ED in the everyday real-life clinical practice. Research design and methods: Patients completed a baseline and follow-up International Index of Erectile Function (IIEF), along with a 8-item self-administered questionnaire about onset of action and overall treatment outcomes. Descriptive statistics tested efficacy rates, patient timing of drug intake and time to post-dosing onset of action. Results: Overall, 118(59.9%) patients used vardenafil ODT. Satisfactory erections for vaginal penetration were reported in 39(34.5%) and 26(21.8%), patients in =15 and =30, minutes post-dosing, respectively. Minimal Clinically Important Differences (MCIDs) criteria and Yang's criteria for responders were obtained in 80(67.8%) and 72(60.8%) patients. Conclusions: This study showed that one in three patients had satisfactory erection for vaginal penetration in less than 15 min post-dosing in the real-life setting. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group.
Phosphodiesterase Type 5 Inhibitors for the Treatment of Erectile Dysfunction: Pharmacology and Clinical Impact of the Sildenafil Citrate Orodispersible Tablet Formulation.  
Scaglione F., Donde S., Hassan T.A., Jannini E.A.  
Embase  
Clinical Therapeutics. 39 (2) (pp 370-377), 2017. Date of Publication: 01 Feb 2017.  
[Review]  
AN: 614259380  
Purpose The purpose of this review is to provide an overview of the pharmacology, tolerability, and efficacy of the different phosphodiesterase type 5 (PDE5) inhibitors available for the treatment of erectile dysfunction (ED), with a special focus on the sildenafil orodispersible tablet (ODT) formulation. Methods A literature search was performed in PubMed, EMBASE, and Cochrane Reviews using the terms erectile dysfunction, patient preference, sildenafil, and PDE5 inhibitors to identify articles published in English between May 1, 2006, and November 18, 2016. A total of 29 studies were included in this review. Findings There are substantial data in the literature on the use of PDE5 inhibitors for the treatment of ED. Oral PDE5 inhibitors have been found to be efficacious in the treatment of ED based on results from standard tools used to
assess treatment outcomes, such as the Global Assessment Questionnaire 1. In addition, PDE5 inhibitors are defined as well tolerated because of the low occurrence of serious adverse effects or discomfort. Mild adverse reactions, compared with a placebo, include headache, flushing, dyspepsia, abnormal vision, nasal congestion, back pain, myalgia, nausea, dizziness, and rash. Both the film-coated tablet and ODT formulations of sildenafil with or without water have equivalent systemic exposure. However, use of a sildenafil ODT formulation offers a convenient alternative method of administration that would be advantageous for patients with ED.

Implications According to the published literature, the PDE5 inhibitors are considered an effective and well-tolerated option for the treatment of ED as determined by data generated from standard instruments used in the assessment of treatment outcomes in ED and reported types and severity of adverse effects. The sildenafil ODT formulation, which disintegrates rapidly in the mouth, is an alternative to the solid film-coated tablet formulation that offers administration benefit with the potential to improve treatment adherence, thereby enhancing the sexual health and sense of psychological well-being of patients and their partners.

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Mean velocity and peak systolic velocity can help determine ischaemic and non-ischaemic priapism.

Aim: To determine the threshold waveform characteristics at Doppler ultrasound (DUS) to differentiate between ischaemical and non-ischaemical priapism. Materials and methods: Fifty-two patients were categorised into "ischaemical" and "non-ischaemical" types based on clinical and blood-gas findings: 10 patients with non-ischaemical priapism; 20 with ischaemical priapism before surgical shunt placement and 22 with ischaemical priapism after surgical shunt placement. DUS traces were analysed: peak systolic velocity (PSV) and mean velocity (MV) were calculated. Histological samples were obtained at the time of surgery. Three clinical outcome groups were defined: (1) normal, (2) regular use of pharmacostimulation, and (3) refractory dysfunction/penile implant. Results: All non-ischaemical priapism cases had a PSV >50 cm/s and all but one had an MV of >6.5 cm/s. In pre-surgery ischaemical cases, all men had a PSV <50 cm/s and MV <6.5 cm/s. Two flow patterns were observed in this group: PSV <25 cm/s in all men scanned before needle aspiration; and in 6/14 after needle aspiration, a high velocity/high resistance (low net inflow) pattern, with peak systolic flows >22 cm/s but diastolic reversal. In post-surgery ischaemical priapism, flow parameters overlapped with the non-ischaemical group. PSV/MV did not predict clinical outcome or histology. Conclusion: In the present cohort, PSV <50 cm/s and MV <6.5 cm/s were predictive of ischaemical priapism (pre-shunt; p<0.01). Patients with ischaemical priapism may show PSV >22 cm/s, but have diastolic reversal and therefore low net perfusion. Post-shunt, DUS findings were extremely variable and did not predict histology or clinical outcome. Copyright © 2017. Status

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Real-world Effectiveness of Antipsychotics for the Treatment of Negative Symptoms in Patients with Schizophrenia with Predominantly Negative Symptoms.
Novick D., Montgomery W., Treuer T., Moneta M.V., Haro J.M.

Pharmacopsychiatry. 50 (2) (pp 56-63), 2017. Date of Publication: 01 Mar 2017.

Introduction This study assessed the comparative effectiveness of antipsychotics in the treatment of patients with schizophrenia presenting with prominent negative symptoms and no-to-mild positive symptoms. Methods Data were taken from a 3-year prospective, international, observational study (n=17 384). This post-hoc study focused on 3 712 patients who started antipsychotic monotherapy and had moderate-to-severe negative symptoms and no-to-mild positive symptoms (Clinical Global Impression-Severity Scale [GGI-SCH]). Patients were classified into 3 treatment cohorts: olanzapine, other atypicals and typicals. Multiple regression analyses were performed. Results All treatment groups experienced improvement in negative symptoms and social functioning during follow-up. The adjusted mean change in the CGI-SCH negative symptoms scores during follow-up was greater for olanzapine-treated patients by 0.220 (p<0.001) (vs. other atypicals) and by 0.453 (p<0.001) (vs. typicals). Olanzapine-treated patients were also most likely to achieve response of negative symptoms and improvement in social functioning, and to stay on the initial medication longer. Discussion Patients with schizophrenia treated with antipsychotics experienced improvement in negative symptoms and social functioning during follow-up. Olanzapine appeared to be more effective compared with other antipsychotics.

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Sexual Orientation and Sleep in the U.S.: A National Profile.
Chen J.-H., Shiu C.-S.
Embase
[Article]
AN: 614006824

Introduction Sexual minorities often experience poorer health than non-sexual minorities. However, extant knowledge remains limited regarding the sleep characteristics, a risk factor for chronic diseases and excess mortality, of sexual minorities compared with non-sexual minorities at the population level. Methods This study analyzed the 2013-2014 National Health Interview Survey, Adult Sample (n=68,960) to examine the reported sleep duration and sleep disturbances (i.e., not feeling rested, difficulty falling asleep, and waking up at night) by sexual orientation (i.e., homosexual [n=1,149], bisexual [n=515], and other sexual minorities [n=144]). Statistical analysis, conducted in 2015, used multinomial logistic and logistic regressions to estimate the associations between sexual orientation and sleep variables. Results Adult sexual minorities had higher risks of sleep disturbances than heterosexual adults. Differences in SES and physical and mental health conditions partly explained the gaps. Sexual minority women had greater odds of waking up at night than sexual minority men did, but sexual minority adults who were also racial minorities showed no differences in odds of sleep disturbances compared to white sexual minority adults. Results found that sexual orientation was not associated with an increased risk of short or long sleep duration. Conclusions This study documented substantial disparities in sleep
disturbances between sexual minorities and non-sexual minorities. These gaps cannot simply be explained by social and demographic factors. Interventions that target sexual minorities should pay attention to disparities in sleep and investigate methods to promote sleep health of sexual minorities. Copyright © 2016 American Journal of Preventive Medicine

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454.
Mood changes after watching pornography on the Internet are linked to tendencies towards Internet-pornography-viewing disorder.
Laier C., Brand M.
Embase
Addictive Behaviors Reports. 5 (pp 9-13), 2017. Date of Publication: 01 Jun 2017.
[Article]
AN: 613874068

Internet-pornography-viewing disorder (IPD) is considered one type of Internet-use disorder. For IPD’s development, it was assumed theoretically that a dysfunctional use of Internet pornography to cope with depressive mood or stress might be considered to be a risk factor. To address the effect of Internet pornography use on mood, an online study with three measuring points with a sample of male participants was conducted. Participants were investigated regarding their tendencies towards IPD, personal use of Internet pornography, general mood, perceived stress, and their Internet pornography use motivation. Moreover, participants were asked regarding their current mood, sexual arousal, and need to masturbate before and after they watched Internet pornography self-determinedly in a private environment. Data showed that tendencies towards
IPD were associated negatively with feeling generally good, awake, and calm and were correlated positively with perceived stress in daily life and using Internet pornography for excitation seeking and emotional avoidance. Self-determined use of Internet pornography in their private environment was accompanied by changes in mood and indicators of sexual arousal. Moreover, tendencies towards IPD were negatively related to mood before and after Internet-pornography use as well as an actual increase of good and calm mood. The results showed effects of watching Internet pornography on mood and sexual arousal which can be considered having reinforcing effects for the user. Thus, the results are in line with theoretical assumptions on IPD's development, in which the positive (and negative) reinforcement received by Internet-pornography use is related to cue-reactivity and craving reactions. Copyright © 2016 The Authors

455.

Low levels of serum testosterone in middle-aged men impact pathological features of prostate cancer.


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Prostate International. 5 (1) (pp 17-23), 2017. Date of Publication: 01 Mar 2017.

AN: 614566550
Background Serum testosterone deficiency increases with aging. Age is also a major risk factor for prostate cancer (PrCa) and PCa tumors are more frequently diagnosed among men >65 years old. We evaluated the relationship between preoperative serum testosterone and clinical/pathological features of PrCa in middle-aged and elderly patients. Methods A total of 605 PrCa patients who underwent robotic-assisted radical prostatectomy between September 2010 and January 2013 at the University of Pennsylvania, and who had serum testosterone levels measured using Elecsys Testosterone II Immunoassay were included in this IRB-approved protocol. Androgen deficiency was determined as serum free testosterone (FT) <47 pg/ml and total testosterone (TT) <193 ng/dl. Demographic, clinical and tumor characteristics of men with low vs. normal TT or FT were compared using t-test or chi-square tests. Logistic regression was used to determine associations of clinical and pathological variables with FT or TT levels. Results Among middle-aged men (45-64 years; n = 367), those with low FT and low TT had, on average, a higher BMI (29.7 vs. 27.4, P < 0.01; and 32.2 vs. 27.6; P < 0.01, respectively) and higher proportion of Gleason 8-10 PrCa (13.3% vs. 4.8%, P = 0.011; and 19.2% vs. 5.1%, P = 0.012) compared to men with normal FT and normal TT values. Patients with low FT had also higher number of positive cores on biopsy (3.9 vs. 3.1 P = 0.019) and greater tumor volume (7.9 ml vs. 6.1 ml, P = 0.045) compared to those with normal FT. Among men >65 years (n = 135) there was no difference in prostatectomy specimens of PrCa between patients with low or normal FT or TT. Conclusion Among men aged 45-64 years low serum pretreatment FT and TT predicted more aggressive features of PrCa in prostatectomy specimens. In middle-aged patients low testosterone levels measured pre-operatively may indicate more aggressive disease parameters.

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Fujioi J., Iwamoto K., Banno M., Kikuchi T., Aleksic B., Ozaki N.

Introduction: Although adjunctive aripiprazole improves hyperprolactinemia, sufficient evidence for its effects on sexual dysfunction has not been obtained. We assessed the usefulness of adjunctive aripiprazole for schizophrenia with sexual dysfunction.

Methods: 22 Japanese schizophrenia patients with antipsychotic-induced hyperprolactinemia and sexual dysfunction were enrolled, and 19 of them completed the study. Aripiprazole was administrated in a flexible titration schedule to participants according to the judgment of each doctor, and patients were followed for 24 weeks. Serum prolactin, Clinical Global Impression Scales-Severity (CGI-S), and Nagoya Sexual Function Questionnaire (NSFQ) were measured at baseline and at 4, 8, 12, and 24 weeks.

Results: Prolactin at week 4 and later was significantly lower than that at baseline. Compared to baseline, we observed a significant improvement in total sexual dysfunction as measured by NSFQ at week 8 and later. In males, erectile dysfunction was significantly reduced at week 24. In females, menstrual irregularity and galactorrhea were significantly reduced at week 24. CGI-S did not significantly change.

Discussion: Although the small sample size is a limitation in this study, adjunctive aripiprazole may be useful treatment for sexual dysfunction including hyperprolactinemia in schizophrenia. Copyright © Georg Thieme Verlag KG Stuttgart . New York.

Testosterone Plasma Concentration is Associated with Insulin Resistance in Male Hypertensive Patients.


Embase

Experimental and Clinical Endocrinology and Diabetes. 125 (3) (pp 171-175), 2017. Date of Publication: 01 Mar 2017.

[Article]

AN: 614085390

Background: Low testosterone levels are a common finding among men with Type 2 Diabetes Mellitus (T2DM) and are inversely related to insulin resistance. Whether this relationship holds true in patients with hypertension, but normal glucose tolerance or prediabetes, is unclear.

Methods: We recruited 87 male outpatients with essential arterial hypertension, aged 35-70 years. Anthropometric data were collected, an Oral Glucose Tolerance Test (OGTT) performed, and the homeostasis model assessment of insulin resistance (HOMA-IR) score calculated. Follicle-Stimulating Hormone, Luteinizing Hormone, testosterone, Sex Hormone-Binding-Globulin and free-testosterone were measured. The concentrations of sex hormones were compared
between normoglutocotolerant, prediabetic and diabetic patients. Non-parametric tests were applied as appropriate to verify differences among groups, while multiple linear regression was used to predict the variability of testosterone and free-testosterone. Results: Total serum testosterone concentration was significantly lower in T2DM in comparison to normoglutocotolerant subjects (p<0.01) and was inversely related to body mass index (r=- 0.25, p<0.01), waist circumference (r= 0.27, p<0.01), pre and post-OGTT plasma glucose (r= 0.4, p<0.0001 and r=- 0.29, p<0.01, respectively), pre and post-OGTT plasma insulin (r= 0.42, p<0.0001 and r= 0.42, p<0.0001) and HOMA-IR (r= 0.46, p<0.0001). Similar associations were observed for free testosterone; HOMA-IR was related to testosterone and free-testosterone even in patients with normal glucose tolerance (r= 0.47, p<0.01 and r= 0.34, p<0.05, respectively). At multivariate analysis HOMA-IR was the only variable associated to testosterone (p<0.001) and free-testosterone (p<0.05) plasma concentration. Conclusions: In males with hypertension, the link between insulin sensitivity and hypothalamic-pituitary-gonadal axis is maintained along the entire spectrum of glucose tolerance. Copyright © J. A. Barth Verlag in Georg Thieme Verlag KG Stuttgart - New York.


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Male urinary and sexual function after robotic pelvic autonomic nerve-preserving surgery for rectal cancer.

Embase

[Article]
AN: 607736136

Background: Urinary and sexual dysfunction is the potential complication of rectal cancer surgery. The aim of this study was to evaluate the urinary and sexual function in male patients with robotic surgery for rectal cancer. Methods: This prospective study included 137 of the 336 male patients who underwent surgery for rectal cancer. Urinary and male sexual function was studied by means of a questionnaire based on the International Prostatic Symptom Score and International Index of Erectile Function. All data were collected before surgery and 12 months after surgery. Results: Patients who underwent robotic surgery had significantly decreased incidence of partial or complete erectile dysfunction and sexual dysfunction than patients with laparoscopic surgery. The pre- and post-operative total IPSS scores in patients with robotic surgery were significantly less than that with laparoscopic surgeries. Conclusions: Robotic surgery shows distinct advantages in protecting the pelvic autonomic nerves and relieving post-operative sexual dysfunction.

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Anorectal functional outcome following laparoscopic low anterior resection for rectal cancer.
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[Article]
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Low anterior resection (LAR) with total mesorectal excision has been considered a standard treatment for patients with rectal cancer. However, the functional outcome and life quality of laparoscopic LAR (LLAR) in Chinese patients remain unclear. A cohort of 51 Chinese patients (22 men and 29 women) who had undergone LLAR was included in this study. Anorectal manometry combined with the Wexner scores questionnaire were applied to assess functional outcome preoperatively (1 week) and postoperatively (at 3, 6 and 9 months). The validated Chinese versions of the European Organization for Research and Treatment of Cancer QLQ-C30 and QLQ-CR38 questionnaires were also used to assess the patients' quality of life at the indicated time points. The results demonstrated that the manometric parameters exhibited a temporary decrease at 3 months postoperatively, but a gradual increase at 6 and 9 months, while the Wexner scores exhibited an opposite trend. Furthermore, patients with high anastomoses had significantly higher manometric parameters, a lower frequency of incontinence and lower Wexner scores compared with those with low anastomoses at 9 months (all P<0.05). For the entire cohort, quality of life at 3 months postoperatively was worse compared with the preoperative level, but returned to normal by 9 months. Patients with high anastomoses exhibited significantly better role, emotional and social function, had a better body image and sexual function, fewer problems with defecation and lower frequency of diarrhea, as well as fewer chemotherapy-related side effects at 6 months postoperatively when compared with the low anastomosis group (all P<0.05). In conclusion, LLAR is generally acceptable for Chinese patients with rectal cancer, particularly for those with middle or high rectal cancer, in terms of functional outcome and quality of life. Copyright © 2017, Spandidos Publications. All rights reserved.
Status
EMBASE
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Purpose Outcomes using high-dose-rate (HDR) brachytherapy monotherapy (without androgen deprivation therapy or external beam radiation therapy) for National Comprehensive Cancer Network-defined intermediate-risk (IR) patients are limited. We report our long-term data using HDR monotherapy for this patient population. Methods and Materials One-hundred ninety IR prostate cancer patients were treated 1996-2013 with HDR monotherapy. Biochemical prostate-specific antigen (PSA) failure was per the Phoenix definition. Acute and late genitourinary and gastrointestinal toxicities were graded according to Common Toxicity Criteria of Adverse Events, version 4. Kaplan-Meier (KM) biochemical progression-free survival (BPFS), cause-specific survival, and overall survival rates were calculated. Univariate analyses were performed to determine relationships with BPFS. The median patient age was 66 years (43-90), and the median initial PSA was 7.4 ng/mL. The Gleason score was <6 in 26%, 3 + 4 in 62%, and 4 + 3 in 12%. The median treatment BED1.5 was 254 Gy; 83% of patients were treated with a dose of 7.25 Gy x six fractions delivered in two separate implants. Results With a median follow-up of 6.2 years, KM BPFS at 5/8 years was 97%/90%, cause-specific survival at 8 years was 100%, and overall survival at 5/8 years was 93%/88%. Late genitourinary toxicities were 36.3% Grade 1, 18.9% Grade 2, and 3.7% Grade 3. Late gastrointestinal toxicities were 6.3% Grade 1, 1.1% Grade 2, and no Grade >3. Of the patients with no sexual dysfunction before treatment, 68% maintained potency. Age, initial PSA, T stage, Gleason score, prostate volume, and percent positive cores did not correlate with BPFS. Stratifying by favorable vs. unfavorable IR groups did
not affect BPFS. Conclusions HDR brachytherapy monotherapy represents a safe and highly
effective treatment for IR prostate cancer patients with long-term follow-up. Copyright © 2016
American Brachytherapy Society

Health-related quality of life and psychological well-being in adults with differences/disorders of
sex development.
Bennecke E., Thyen U., Gruters A., Lux A., Kohler B.

Objective: Rare congenital conditions with incongruence of chromosomal, gonadal and
phenotypic sex have been classified as differences/disorders of sex development (DSD).
Included in DSD are conditions with diverse genetic aetiology, varying levels of prenatal androgen
effects, phenotypes and, subsequently, different medical treatments. Quality of life (QoL) and
psychological well-being are indicators of successful psychosocial adaptation to the conditions.

461.
We sought to investigate the HRQoL and psychological well-being in this population. Design: This multicentre clinical evaluation study was part of a German network related to DSD funded by the German Ministry of Science and Education (BMBF 2003 to 2007). Methods: To assess health-related quality of life (HRQoL), we used the Short Form Health Survey (SF-36), and for psychological well-being, the Brief Symptom Inventory (BSI). Participants were classified into five groups: females with CAH, females with XY DSD conditions where there is a partial androgen effect (partial androgen insensitivity, mixed/partial gonadal dysgenesis, disorders of androgen biosynthesis), females with XY DSD without androgen effect (complete androgen insensitivity, complete gonadal dysgenesis), males with XY DSD, and individuals with DSD conditions and other gender. Results: Participants included 110 adults with DSD (age range 17-62). We found a trend of lowered mental HRQoL and significant higher physical HRQoL for participants as compared to the norm. The high physical HRQoL especially applied to females with androgen effect and XY karyotype. Participants reported significant higher psychological distress compared to the norm. Forty-seven participants (42.7%) reported distress in a clinically relevant range on the BSI. Conclusions: Although we did not find significant impairments in overall HRQoL, participants reported significant impaired psychological well-being. Specialized interdisciplinary care should focus in particular on psychological issues to ensure good overall health and well-being. Copyright © 2016 John Wiley & Sons Ltd
Diagnosis and management of symptomatic seminal vesicle calculi.
Christodoulidou M., Parnham A., Nigam R.

Embase
[Article In Press]

AN: 614978911

Objective: The aim of this study was to review the management of patients with symptomatic seminal vesicle calculi, from presentation and diagnosis to postoperative outcomes. Materials and methods: A systematic review of the English literature in MEDLINE and Embase was performed, based on the following model: patients with a diagnosis of seminal vesicle calculi; all interventions considered with or without control groups with single and comparator interventions; outcomes considered were incidence, presentation, diagnostic methods and treatment. A narrative synthesis of the data was performed according to PRISMA 2009 guidelines. The study protocol was registered on PROSPERO (CRD42016032971). Results: In total, 213 cases of seminal vesicle calculi from 37 studies were identified between 1928 and 2016. Published articles included cohort studies (16), case-control studies (two) and case reports (19). The most likely aetiology was stasis of ejaculate secondary to impaired drainage of secretions from the seminal vesicles. Transrectal ultrasound remains the primary investigation for haematospermia and painful ejaculation; however, magnetic resonance imaging seems to play an increasingly important role, especially when considering surgery. Transurethral seminal vesiculoloscopy and lithotripsy is the ideal procedure for small calculi but requires surgical expertise. For larger calculi a transperitoneal laparoscopic approach is safe in the hands of experienced laparoscopic surgeons. Conclusions: Modern imaging techniques and cross-sectional imaging are leading to an increased number of diagnosed cases of seminal vesicle calculi. Optimal treatment depends on the stone size and burden, and centralization of services will assist in the development of specialized centres. Copyright © 2017 Acta Chirurgica Scandinavica Society

Status
ARTICLE IN PRESS

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463.
Frequency of Erectile Dysfunction in Males with Central Serous Chorioretinopathy.
Balkarli A., Erol M.K., Yalcinkaya S., Erol R.S.
Embase
[Article In Press]
AN: 614965800
Objectives: To evaluate the frequency of sexual dysfunction and associated factors in patients with central serous chorioretinopathy (CSCR). Material and methods: Fifty-eight CSCR patients who met the inclusion criteria and 99 age- and sex-matched healthy controls were prospectively investigated for sexual dysfunction and associated factors. All participants were investigated using the Beck Depression Inventory (BDI), Beck Anxiety Scale (BAS), and the 15-question Index of Erectile Function-15 (IIEF-15) and by extensive examination of CSCR, associated factors, and confounding factors. Results: The mean ages of the patient and control groups were 46.95+/−11.27 and 45.3+/−10.93 years, respectively (p=0.370). The erectile function, orgasmic function, sexual desire, sexual satisfaction, and overall sexual satisfaction scores of the patient group were significantly lower than those of the control group (p<0.001). Severe erectile dysfunction (ED) was diagnosed in 3 (5.2%), moderate ED in 10 (17.2%), mild-to-moderate ED in 7 (12.1%), and mild ED in 15 (25.9%) patients in the patient group, whereas no severe or moderate ED was diagnosed in the control group. The erectile function score was found to be negatively correlated with age and BMI. No sexual parameters were found to be correlated with choroidal thickness (CT) in either the patient or control group. Conclusion: CSCR patients experience a higher incidence of sexual dysfunction compared to healthy individuals without CSCR. The exclusion of confounding factors suggests that factors involved in CSCR pathogenesis may also play a role in ED. Copyright © 2017, Taylor & Francis. All rights reserved.
Status
ARTICLE IN PRESS
Institution
464.
Treosulfan-based conditioning regimen in sibling and alternative donor hematopoietic stem cell transplantation for children with sickle cell disease.
Embase
Mediterranean Journal of Hematology and Infectious Diseases. 9 (1) (no pagination), 2017.
Article Number: e2017014. Date of Publication: 2017.
[Article]
AN: 614667338
Background and objectives: Lack of suitable donors and regimen related toxicity are major barriers for hematopoietic stem cell transplantation (HSCT) in patients with sickle cell disease (SCD). The aim of the study is the assessment of efficacy and toxicity of Treosulfan-based conditioning regimen for SCD also when alternative donors such as mismatched unrelated donor and haploidentical donor are employed. Methods: We report our single-center experience: 11 patients with SCD received HSCT with a Treosulfan/Thiotepa/Fludarabine/Anti-thymoglobulin conditioning regimen between 2010 and 2015. The donor was a matched sibling donor (n= 7), a haploidentical parent (n= 2), a matched unrelated donor (n= 1) or a mismatched unrelated donor (n=1). The haploidentical and mismatched unrelated donor grafts were manipulated by removing
TCRas and CD19 positive cells. Results: All patients survived the procedure and achieved stable engraftment. Stable mixed chimerism was observed in 5/11 patients. Grade III-IV regimen related toxicity was limited to mucositis and no grade III-IV graft-versus-host disease (GvHD) occurred. No SCD manifestation was observed post transplant and cerebral vasculopathy improved in 3/5 evaluable patients. Organ function evaluation showed no pulmonary, cardiac or renal toxicity but gonadal failure occurred in 1/4 evaluable patients. Conclusion: Our data suggest that Treosulfan is associated with low toxicity and may be employed also for unrelated and haploidentical donor HSCT.

Status
EMBASE

Institution
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Introduction: Spinal cord injury (SCI) is estimated to affect approximately 276,000 individuals in the United States. Since 2010, the mean age of individuals at the time of the SCI has been 42 years, with nearly 80% of cases involving men. This means that individuals with SCI generally are young men who typically place a great deal of importance on normal sexual and reproductive
function. Aim: To assess the effect of sildenafil treatment on erectile function and the frequency of ejaculation in men with SCI. Methods: This study was a post hoc analysis of pooled data from two randomized, double-blinded, placebo-controlled, flexible-dose, crossover sildenafil trials conducted in Europe, Australia, and Turkey. Two hundred forty-eight men at least 18 years old with traumatic SCI of at least 6 months' duration, with erectile dysfunction solely attributed to SCI, and in a stable heterosexual relationship were treated sequentially with sildenafil and placebo. Exclusion criteria included taking nitrate therapy, severe cardiac failure, and recent stroke or myocardial infarction. The starting sildenafil dose was 50 mg, taken approximately 1 hour before sexual activity, with subsequent dose adjustment to 100 or 25 mg based on efficacy and safety during treatment. There was a 2-week washout between 6-week treatments. Main Outcome Measures: Change from baseline in International Index of Erectile Function question 3 (frequency of penetration), question 4 (maintaining erection after penetration), question 9 (frequency of ejaculation), and erectile function domain scores; intercourse success; and treatment preference. Results: All International Index of Erectile Function outcomes, including achieving and maintaining erections and ejaculation frequency, were statistically significantly greater with sildenafil vs placebo, including the subgroup with complete SCI (P < .01 for all comparisons). The percentage of successful intercourse attempts with sildenafil (53% vs 12%) and preference for sildenafil (96% vs 4%) vs placebo were significant (P < .001), including the subgroup with complete SCI. The most common all-cause adverse events with sildenafil were headache (16.1%) and urinary tract infection (11.6%). Conclusion: Sildenafil significantly improves erections, intercourse success, and ejaculation frequency vs placebo, including in men with complete SCI. Sildenafil is an effective and well-tolerated treatment for sexual dysfunction in men with SCI. The increase in frequency of ejaculation could allow the possibility of having children without medical intervention in this patient population. Ohl DA, Carlsson M, Stecher VJ, Rippon GA. Efficacy and Safety of Sildenafil in Men With Sexual Dysfunction and Spinal Cord Injury. Sex Med Rev 2017;X:XX-XX. Copyright © 2017.
Introduction: Graham Jackson introduced the concept that erectile dysfunction (ED) is a marker for undiagnosed cardiovascular (CV) disease and future events. In the Princeton 3 guidelines, he recognized the important impact of testosterone deficiency (TD) on all-cause and CV mortality. Recent evidence suggests that testosterone therapy to target levels and for sufficient duration decreases CV events. Unfortunately, this had a modest impact on CV disease management because ED is not incorporated into current risk calculators. This report is based on the Graham Jackson Memorial Lecture presented at the International Society for Sexual Medicine (ISSM) in Beijing in 2016. Aim: To examine recent evidence as to whether ED should be upgraded to a risk factor, especially with the high predictive value in younger men, and to develop a case for TD to be considered an independent risk factor based on a large number of long-term studies during the past 5 years. Methods: A Medline search was undertaken to include articles on ED and TD and related terms from 1998 to 2016 during the preparation of ISSM guidelines on ED and TD. Main Outcome Measures: A rational justification for ED and low testosterone to be considered risk factors for CV disease and be included in risk calculators. Results: The evidence for inclusion of ED and TD might be stronger than for accepted risk factors and have the advantages of being easily assessed, quantitative, symptomatic, and clinically relevant, especially in younger men. Because important studies are often published in endocrine, sexual medicine, urology, and cardiology journals, a multidisciplinary approach is needed. Conclusion: There is strong evidence that ED and low testosterone might be of more practical relevance to programs that decrease CV risk than some current recognized risk factors. Hackett G. The Graham Jackson Memorial Lecture ISSM 2016-"The Man Who Knew Too Much": Time to Recognize Erectile Dysfunction and Low Testosterone as Independent Risk Factors for Cardiovascular Disease. Sex Med Rev 2017;X:XX-XX. Copyright © 2017.
Feasibility and acceptability of couple counselling and pelvic floor muscle training after operation for prostate cancer.


Embase

Acta Oncologica. 56 (2) (pp 270-277), 2017. Date of Publication: 01 Feb 2017.

Background: Radical prostatectomy is often followed by long-lasting erectile dysfunction and urinary incontinence, with adverse effects on the quality of life and intimate relationship of patients and partners. We developed the ProCan intervention to ameliorate sexual and urological dysfunction after radical prostatectomy and examined its feasibility, acceptability and changes in sexual function. Material and methods: Between May 2014 and October 2014, seven couples attending the Department of Urology, Rigshospitalet, were included 3-4 weeks after radical prostatectomy in the ProCan intervention, which consists of up to six couple counselling sessions, group instruction in pelvic floor muscle training (PFMT), up to three individual PFMT sessions and a DVD home training program. We examined its feasibility on the basis of the recruitment rate, adherence to and acceptability of the intervention, the response rate and changes in erectile and sexual functioning measured on the International Index of Erectile Function at baseline and at eight and 12 months. Results: The recruitment rate was 14%. One couple withdrew, six couples attended 1-4 counselling sessions, and all patients attended PFMT until continence was
achieved. The response rate on outcomes was 85% for patients and 71% for partners. The couples reported that counselling improved their sex life but it did not improve their ability to talk openly about sex. Most patients found that the physiotherapist improved their motivation and the quality and intensity of PFMT. Erectile dysfunction improved from severe at baseline to moderate at eight months' follow-up, and mean sexual functioning improved from 18.4 to 37.1 points at eight months' follow-up, but decreased slightly to 31.4 at 12 months. Conclusion: Our results suggest that the recruitment procedure should be adapted and minor revisions are needed in the intervention. The key components, couple counselling and PFMT, were well accepted and achievable for the patients. Copyright © 2017 Acta Oncologica Foundation.


Status EMBASE

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Survey of patient and partner satisfaction following collagenase Clostridium histolyticum treatment for Peyronie's disease.

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Intralesional injection of collagenase Clostridium histolyticum (CCH) is a minimally invasive, Food and Drug Administrationapproved, effective treatment for Peyronie's disease (PD). To assess the satisfaction of patients and their female sexual partners (FSP) following CCH therapy for PD, we conducted a retrospective review of the records of all patients treated with CCH for PD between 04/2014 and 03/2016. Collected variables included demographics, pre- and post-treatment sexual function, penile curvature, penile vascular findings, and treatment outcomes. Patients and their FSPs were subsequently contacted by telephone and queried regarding their ability to have intercourse and their satisfaction with treatment. A total of 24 couples responded to our questionnaire and constitute the subjects of this analysis. Patient and FSP satisfaction with treatment were 67% and 71%, respectively. Significant predictors of FSP satisfaction with treatment included recall of penile trauma during prior sexual intercourse, improved ability to have sexual intercourse following treatment, and absence of post-procedural glans hypoesthesia. In conclusion, CCH imparts a significant benefit on a couple's sexual health. Partner satisfaction with treatment is correlated with improved ability to have sexual intercourse and absence of patient glans hypoesthesia. Copyright © 2017 American Society of Andrology and European Academy of Andrology.

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Andrology. 5 (2) (pp 256-261), 2017. Date of Publication: 01 Mar 2017.
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Nitric oxide is a physiologic signal essential to penile erection. L-citrulline (L-Cit) is converted into L-arginine (L-Arg), the precursor from which nitric oxide is generated. The level of L-Arg and L-Cit in the field of male sexual function remains relatively underexplored. The aim of the study was to evaluate the level of serum L-Arg and of L-Cit in a group of patients with erectile dysfunction. Diagnosis and severity of erectile dysfunction was based on the IIEF-5 and its etiology was classified as arteriogenic (A-ED), borderline (BL-ED), and non-arteriogenic (NA-ED) with penile echo-color-Doppler in basal condition and after intracavernous injection of prostaglandin E1. Serum L-Arg and L-Cit concentrations were measured by a cation-exchange chromatography system. L-Arg and L-Cit levels of men with A-ED were compared with those of male with BL-ED and NA-ED. Median level of L-Arg and L-Cit in 122 erectile dysfunction patients (41 A-ED, 23 ED-BL, 58 NA-ED) was 82.7 and 35.4 mumol/L, respectively. L-Arg and L-Cit levels in control patients were not significantly different (p = 0.233 and p = 0.561, respectively) than in total erectile dysfunction patients. L-Arg and L-Cit levels in control patients were significantly higher (p < 0.001 and p < 0.018, respectively) than in A-ED patients, but no difference (p > 0.50) was observed in controls and in both BL-ED and NA-ED patients. Patients with severe/complete-erectile dysfunction (IIEF-5 < 10) had L-Arg or L-Cit level significantly lower (-17%, p < 0.03; -13%, p < 0.04) and were more frequent (p < 0.01 and p < 0.04) under the respective median level (82.7 and 35.4 lmol/L) than those with mild-erectile dysfunction (IIEF-5 = 16-20). L-Arg and L-Cit levels in A-ED were significantly lower (p < 0.007 and p < 0.001, respectively) than in NA-ED patients. Penile echo-color- Doppler revealed that A-ED (peak systolic velocity < 25 cm/sec) was more frequent in men with L-Arg under 82.7 lmol/L or L-Cit under 35.4 lmol/L and in the same population, the median peak systolic velocity values were lower in L-Arg deficient (29 vs. 35; p < 0.04) and also in L-Cit deficient (31 vs. 33, p > 0.3) but without reaching the statistical significance. Our study shows that a significant proportion of erectile dysfunction patients have low L-Arg or L-Cit level and that this condition is more frequent in patients with arteriogenic etiology. Low levels of these nitric oxide synthase substrates might increase the erectile
dysfunction risk by reducing the concentration of nitric oxide. Copyright © 2017 American Society of Andrology and European Academy of Andrology.

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470.
Technical description of oblique lateral interbody fusion at L1-L5 (OLIF25) and at L5-S1 (OLIF51) and evaluation of complication and fusion rates.
Woods K.R.M., Billys J.B., Hynes R.A.

EMBASE
Spine Journal. 17 (4) (pp 545-553), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 614882917
Background Context The oblique lateral interbody fusion (OLIF) procedure is aimed at mitigating some of the challenges seen with traditional anterior lumbar interbody fusion (ALIF) and transpsoas lateral lumbar interbody fusion (LLIF), and allows for interbody fusion at L1-S1.

Purpose The study aimed to describe the OLIF technique and assess the complication and fusion rates. Study Design This is a retrospective cohort study. Patient Sample The sample is composed of 137 patients who underwent OLIF procedure. Outcome Measures The outcome measures were adverse events within 6 months of surgery: infection, symptomatic pseudarthrosis, hardware failure, vascular injury, perioperative blood transfusion, ureteral injury, bowel injury, renal injury, prolonged postoperative ileus (more than 3 days), incisional hernia, pseudohermia, reoperation, neurologic deficits (weakness, numbness, paresthesia), hip flexion pain, retrograde ejaculation, sympathectomy affecting lower extremities, deep vein thrombosis, pulmonary embolism, myocardial infarction, pneumonia, and cerebrovascular accident. The outcome measures also include fusion and subsidence rates based on computed tomography (CT) done at 6 months postoperatively. Methods Retrospective chart review of 150 consecutive patients was performed to examine the complications associated with OLIF at L1-L5 (OLIF25), OLIF at L5-S1 (OLIF51), and OLIF at L1-L5 combined with OLIF at L5-S1 (OLIF25+OLIF51). Only patients who had at least 6 months of postoperative follow-up, including CT scan at 6 months after surgery, were included. Independent radiology review of CT data was performed to assess fusion and subsidence rates at 6 months. Results A total of 137 patients underwent fusion at 340 levels. An overall complication rate of 11.7% was seen. The most common complications were subsidence (4.4%), postoperative ileus (2.9%), and vascular injury (2.9%). Ileus and vascular injuries were only seen in cases including OLIF51. No patient suffered neurologic injury. No cases of ureteral injury, sympathectomy affecting the lower extremities, or visceral injury were seen. Successful fusion was seen at 97.9% of surgical levels. Conclusions Oblique lateral interbody fusion is a safe procedure at L1-L5 as well as L5-S1. The complication profile appears acceptable when compared with LLIF and ALIF. The oblique trajectory mitigates psoas muscle and lumbosacral plexus-related complications seen with the lateral transpsoas approach. Furthermore, there is a high fusion rate based on CT data at 6 months. Copyright © 2016

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Androgen Receptor (AR) Gene (CAG)n and (GGN)n Length Polymorphisms and Symptoms in Young Males With Long-Lasting Adverse Effects After Finasteride Use Against Androgenic Alopecia.

Cauci S., Chiriaco G., Cecchin E., Toffoli G., Xodo S., Stinco G., Trombetta C.

Embase
Sexual Medicine. 5 (1) (pp e61-e71), 2017. Date of Publication: 01 Mar 2017.

Introduction Long-term adverse symptoms of men who used oral finasteride against androgenic alopecia have been recently described as post-finasteride syndrome (PFS). Aim To determine whether (CAG)n-rs4045402 and (GGN)n-rs3138869 polymorphisms in the androgen receptor (AR) gene are implicated in PFS. Methods AR polymorphisms were studied according to PFS symptoms in 66 white participants (31.8% Italian, 28.8% American, and 39.4% other). Main Outcome Measures Symptoms were investigated by an ad hoc 100-item questionnaire and the Arizona Sexual Experience Scale and Aging Male Symptom Scale (AMS). (CAG)n and (GGN)n repeats were categorized as short ([CAG]9-19, [GGN]<23), medium ([CAG]20-24, [GGN]23), or long ([CAG]25-37, [GGN]>23). Results Median age was 32 years, duration of finasteride use was 360 days, and time from finasteride discontinuation was 1,053 days. We observed several frequency differences in symptoms according to (CAG)n and (GGN)n repeat numbers. Three AMS items were worse for medium (GGN)23 than for long (GGN)>23 carriers and one item was worse for short (GGN)<23 carriers. The AMS item for decrease in sexual desire or libido was worse for short (CAG)9-19 carriers than for medium (CAG)20-24 carriers. Through the ad hoc questionnaire, significant findings in (CAG)n and/or (GGN)n repeats were obtained for penile discomfort, loss of scrotal sensitivity, scrotal discomfort, less pubic hair, loss of perceived perineal fullness, increased sperm density, involuntary muscle spasms, loss of muscle tone, increased weight (>2 kg), increased skin dryness, and onset of symptoms after finasteride use. Conclusion This study showed that short and/or long (CAG)n and (GGN)n repeats had different frequencies according to symptoms reported by patients with PFS, likely reflecting the vast array of genes.
modulated by the AR. This study showed a U-curvilinear profile of (CAG)n repeats for skin dryness symptoms, where the two extremes exhibited a worse condition than medium repeats. Further studies are necessary to investigate the PFS pathophysiology using a precision medicine approach. Copyright © 2016 The Authors

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Constitutive NOS uncoupling and NADPH oxidase upregulation in the penis of type 2 diabetic men with erectile dysfunction.
Musicki B., Burnett A.L.
Embase
Andrology. 5 (2) (pp 294-298), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 614132443
Erectile dysfunction (ED) associated with type 2 diabetes mellitus (T2DM) involves dysfunctional nitric oxide (NO) signaling and increased oxidative stress in the penis. However, the mechanisms
of endothelial NO synthase (eNOS) and neuronal NO synthase (nNOS) dysregulation, and the sources of oxidative stress, are not well defined, particularly at the human level. The objective of this study was to define whether uncoupled eNOS and nNOS, and NADPH oxidase upregulation, contribute to the pathogenesis of ED in T2DM men. Penile erectile tissue was obtained from 9 T2DM patients with ED who underwent penile prosthesis surgery for ED, and from six control patients without T2DM or ED who underwent penectomy for penile cancer. The dimer-to-monomer protein expression ratio, an indicator of uncoupling for both eNOS and nNOS, total protein expressions of eNOS and nNOS, as well as protein expressions of NADPH oxidase catalytic subunit gp91phox (an enzymatic source of oxidative stress) and 4-hydroxy-2-nonenal [4-HNE] and nitrotyrosine (markers of oxidative stress) were measured by western blot in this tissue. In the erectile tissue of T2DM men, eNOS and nNOS uncoupling and protein expressions of NADPH oxidase subunit gp91phox, 4-HNE- and nitrotyrosine-modified proteins were significantly (p < 0.05) increased compared to control values. Total eNOS and nNOS protein expressions were not significantly different between the groups. In conclusion, mechanisms of T2DM-associated ED in the human penis may involve uncoupled eNOS and nNOS and NADPH oxidase upregulation. Our description of molecular factors contributing to the pathogenesis of T2DM-associated ED at the human level is relevant to advancing clinically therapeutic approaches to restore erectile function in T2DM patients. Copyright © 2017 American Society of Andrology and European Academy of Andrology.
The aim of this study was to investigate sexual function and fertility in adult men born with hypospadias. Patients born with hypospadias, age-matched controls, and a group of circumcised men completed a questionnaire constructed to reflect their psychosexual situation and fertility. Core gender identity, sexual orientation, and gender role behavior was also assessed. 167 patients [63% distal, 24% mid shaft and 13% proximal, mean age 34 (19-54) years], 169 controls from the general population [mean age 33 (19-48) years] and 47 controls circumcised because of phimosis (mean age 26 [19-44]) participated and completed the questionnaire. There were no differences in having a partner, reported fertility, age at sexarche (mean age 17.8), number of sex partners or sexual interest between the patients and controls. More patients than controls reported anejaculation. Reported glanular sensitivity was lower in hypospadias patients and circumcised controls compared with non-circumcised controls. The odds of being satisfied with their sexual life increased with a higher penile perception score in patients (OR = 1.54, p = 0.01). There was no association with penile length. Sexual orientation, core gender identity and gender role behavior were sex-typical in both patients and controls. Patients with proximal hypospadias had a lower reported fertility, experienced anejaculation more often, and were less satisfied with their sexual life. Men born with hypospadias have a good long-term outcome concerning sexual function and fertility. Men born with proximal hypospadias have a more impaired outcome concerning both sexual function and fertility. As satisfaction with genital appearance is important for sexual life satisfaction, clinical, and psychological follow-up into adulthood is especially important in boys born with proximal hypospadias. Copyright © 2016 American Society of Andrology and European Academy of Andrology.
474.
The long-term outcome of anti-TNF alpha therapy in perianal Crohn's disease.
Rayen J., Currie T., Gearry R.B., Frizelle F., Eglinton T.
Embase
Techniques in Coloproctology. 21 (2) (pp 119-124), 2017. Date of Publication: 01 Feb 2017.
[Article]
AN: 614008557
Background: The aim of the present study was to evaluate the long-term outcomes of anti-tumour necrosis factor alpha therapy in perianal Crohn's disease and identify factors predicting response to treatment. Methods: Data from hospital clinical records and coding databases were retrospectively reviewed from a tertiary care hospital in Christchurch, New Zealand. The study included 75 adult patients with perianal Crohn's disease commenced on anti-tumour necrosis factor alpha therapy from January 2000 to December 2012. Response to treatment was determined from records relating to clinical evaluation, magnetic resonance imaging follow-up and whether further surgical intervention was required. Results: 73% (55) of all patients and 38 of the 57 (67%) patients with perianal fistulas responded to anti-tumour necrosis factor alpha therapy. Patients with complex fistulas were less likely to improve as compared to patients without fistulising disease. Five of the 57 (13%) patients with perianal fistulas demonstrated complete healing on clinical evaluation; however, magnetic resonance imaging confirmed complete healing in only two. Patients that had taken antibiotics and those that had previously required abscess drainage were less likely to respond to treatment [relative risk (RR) = 0.707 and
0.615, respectively; p = 0.03, p = 0.0001]. Responders were less likely to require follow-up surgery (RR = 0.658, p = 0.014) including ileostomy or proctectomy. Conclusions: Although anti-tumour necrosis factor alpha tends to improve symptoms of perianal Crohn's disease, in the long term, it rarely achieves complete healing. Perianal fistulising disease, a history of perianal abscess and antibiotic treatment are predictors of poor response to therapy. Copyright © 2017, Springer International Publishing AG.

475.
Effects of two-year testosterone replacement therapy on cognition, emotions and quality of life in young and middle-aged hypogonadal men.
Lasaitė L., Ceponis J., Preiksa R.T., Zilaitienė B.
Embase
Andrologia. 49 (3) (no pagination), 2017. Article Number: e12633. Date of Publication: 01 Apr 2017.
[Article]
AN: 613209943
The aim of the study was to examine the effects of two-year testosterone replacement therapy on cognitive functioning, emotional state and quality of life in young and middle-aged men with hypogonadotrophic hypogonadism. Nineteen males diagnosed with hypogonadotrophic hypogonadism participated in the study. Cognitive functions were assessed by Trail Making Test and Digit Span Test of Wechsler Adult Intelligence Scale. Emotional state was evaluated by
Profile of Mood States. Quality of life was evaluated by WHO Brief Quality of Life Questionnaire. Changes after two-year testosterone replacement therapy were detected in Trail Making A (42.9 +/- 22.3 vs. 36.2 +/- 22.5, p =.050) and B (90.6 +/- 55.3 vs. 65.6 +/- 21.4, p =.025) tests, showing improvement in attention and visual scanning abilities, executive function and psychomotor speed, as well as in Digit Span Test forward score (5.4 +/- 2.0 vs. 6.1 +/- 2.6, p =.046), showing improvement in attention capacity and psychomotor speed. No significant differences were observed in emotional state and quality of life. In conclusion, beneficial effect in cognitive functioning (improved attention and visual scanning ability, executive function and psychomotor speed), but not in emotional state and quality of life, was observed in young and middle-aged hypogonadal men after two-year testosterone replacement therapy. Copyright © 2016 Blackwell Verlag GmbH

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Date Created
20170323

Year of Publication
2017

476.
The interaction between erectile dysfunction complaints and depression in men: A cross-sectional study about sleep, hormones and quality of life.

Embase
International Journal of Impotence Research. 29 (2) (pp 70-75), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 613535129
Depression (DEP) is one of the main disabling diseases and is considered a contributor factor for erectile dysfunction (ED). Both of these conditions may be associated with hormonal changes and sleep disturbances. We aimed to evaluate the interaction between ED complaints and depression symptoms on sleep parameters, hormone levels and quality of life in men. This was a cross-sectional study of 468 men aged 20-80 years. The participants were classified according to the presence of ED and/or DEP in groups of healthy individuals, ED, DEP and DEP with ED (DEP-ED). All participants completed questionnaires about sleep, clinical history and quality of life, and underwent polysomnography with blood collection the following morning. ED participants showed higher frequency of insomnia symptoms (65.5%), whereas DEP group had more complaints of difficulty in falling asleep and early morning awakening. In the polysomnography, all groups showed similar parameters. No differences were found in cortisol and total testosterone levels; however, free testosterone levels and the physiological domain of quality of life were lower in DEP-ED group. ED and DEP, as independent factors, negatively affected subjective sleep parameters. The interaction between these factors led to a low quality of life and was related to a decrease in free testosterone levels. Copyright © 2017 Macmillan Publishers Limited, part of Springer Nature. All rights reserved.

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20170323

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2017
The correlation between high sensitivity C-reactive protein and erectile dysfunction patients with hypertension treated with vardenafil.

Azab S., Aoud H., Nabil N.

Embase

International Journal of Impotence Research. 29 (2) (pp 82-85), 2017. Date of Publication: 01 Mar 2017.

[Article]

AN: 613534153

We evaluate the correlation between the plasma level of C-reactive protein (CRP) in patients with erectile dysfunction (ED) and hypertension and to set up whether the CRP level affected by the treatment of vardenafil 10 mg orally once daily. A total of 116 male patients with ED and hypertension were enrolled in this prospective study. The patients were divided into two groups, group 1 (ED patients with Not controlled hypertension) and group 2 (ED patients with controlled hypertension). All patients completed the International Index of Erectile Function (IIEF) scores, performed a penile color Doppler ultrasound examination and high sensitivity (hs-CRP) levels. The patients were given vardenafil 10 mg once daily for 3 months and reassessed again.

According to the IIEF-EF domain score, there were statistically significant differences between the two groups (P=0.012) with a median value 10.0 (4.0-14.5) and 15.0 (9.0-16.5) between group 1 and group 2, respectively. Regarding to the severe (score<11), moderate (score 11-16) and mild (score 17-25) there were statistically significant differences between the two groups (0.023), (0.001) and (0.001), respectively. The hs-CRP showed statistically significant difference between the two groups (P=0.050) with a median value 2.4 (1.5-3.1) and 1.8 (1.1-2.4) between group 1 and group 2, respectively. The peak systolic velocity (PSV) and end diastolic velocity (EDV) showed statistically significant differences between the two groups (P=0.011) and (P=0.046), respectively. After treatment, there were improvements in the IIEF-EF domain score, severe (score<11), moderate (score 11-16), mild (score 17-25), PSV and EDV in both groups and these improvement were more obvious in (group 2) than (group 1) with a statistically significant differences between the two groups (P<0.05) (except in moderate (score 11-16), no statistically significant difference). The hs-CRP showed statistically significant differences between the two groups after treatment (P=0.049) with a median value 2.1 (1.6-2.9) and 1.2 (0.9-2.4) between group 1 and group 2, respectively. Serum hs-CRP was significantly elevated in patients with ED and not controlled hypertension than in ED patients with controlled hypertension. ED patients with controlled blood pressure gave better results with penile duplex than those with not controlled blood pressure. Serum hs-CRP level could be a marker for an endothelial condition in men with ED and hypertension. Copyright © 2017 Macmillan Publishers Limited, part of Springer Nature. All rights reserved.
Prevalence of use of erectile dysfunction medication by Dutch military personnel between 2003 and 2012.

Janssen D.G.A., Vermetten E., Egberts T.C.G., Heerdink E.R.

International Journal of Impotence Research. 29 (2) (pp 54-56), 2017. Date of Publication: 01 Mar 2017.

[Article]

AN: 613276202

Use of ED medication can be seen as a marker for ED. ED is associated with increasing age, exposure to traumatic events and physical injuries in military veterans. The objective of this study was to assess the prevalence of use of ED medication in Dutch military personnel in the period 2003-2012 and to assess its association with age and psychotropic medication use. Data on dispensing of ED medication, age and co-medication with psychotropic medication of all Dutch military personnel between 2003 and 2012 were collected. The prevalence of ED medication use in each year was estimated, stratified for age and use of psychotropic medication. The number of ED medication users increased a hundredfold from 0.09 to 9.29 per 1000 per year between 2003 and 2012. ED medication was more often used by men over 40 than under 40 (prevalence in 2012: 2.4% vs 0.2%, OR (2003-2012, adjusted for calendar year) 15.6, 95% CI 13.5-17.9) and by men using psychotropic medication (prevalence in 2012: 3.8% vs 0.9%, OR (2003-2012, adjusted for calendar year) 3.13, 95% CI 2.66-3.67). This study shows a strong increase between 2003 and 2012 in a number of ED medication users in male Dutch military personnel. ED medication
479.
Depressive symptoms and prevalence of erectile dysfunction in Japanese patients with type 2 diabetes mellitus: The Dogo Study.
Embase
International Journal of Impotence Research. 29 (2) (pp 57-60), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 613273761
In several studies of patients with type 2 diabetes mellitus, a positive association between depressive symptoms and erectile dysfunction (ED) has been reported. No evidence exists,
however, regarding the association between depressive symptoms and ED among Japanese patients with type 2 diabetes mellitus. Thus, we examined this issue among Japanese patients with type 2 diabetes mellitus. Study subjects were 469 male Japanese patients with type 2 diabetes mellitus, aged 19 years or over. ED, moderate to severe ED and severe ED were defined as present when a subject had a Sexual Health Inventory for Men score <22, <12 and <8, respectively. Depressive symptoms were defined as present when a subject had a Self-Rating Depression Scale (SDS) score >49. Adjustment was made for age, body mass index, waist, duration of type 2 diabetes, current smoking, current drinking, hypertension, dyslipidemia, coronary artery disease, stroke, glycated hemoglobin and diabetic neuropathy. The prevalence values of depressive symptoms, moderate to severe ED and severe ED were 15.1%, 64.2% and 51.0%, respectively. Depressive symptoms were independently positively associated with moderate to severe ED and severe ED (adjusted odds ratios were 2.23 (95% confidence interval (CI): 1.17-4.43) and 1.86 (95% CI: 1.04-3.41), respectively. In Japanese patients with type 2 diabetes mellitus, depressive symptoms may be associated with ED. Copyright © 2017 Macmillan Publishers Limited, part of Springer Nature. All rights reserved.
480.
A pilot study of penile hemodynamics in men with penile curvatures.
Zaazaa A.A., Fathy I., Ayman O., Hassanin A., Ghanem H.
Embase
International Journal of Impotence Research. 29 (2) (pp 86-88), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 614085065
Penile curvature (PC) is bothersome to the patient. PC is either congenital or acquired. In most of the circulatory system, blood flows in a laminar profile with minimal energy expenditure. When a fluid passes in a curved tube, the laminar profile is disturbed and changed into a turbulent flow. It increases the energy expenditure and reduces the flow. Turbulent flow may have a role in the development of an atherosclerotic plaque and in localizing its site. The aim of this research was to study penile hemodynamics before and after correction of PC. This prospective study included 20 participants, with PC more than 30degree. For each participant, preoperative color duplex doppler ultrasonography (CDDU), correction of the curvature using 16 dot plication technique and post-operative CDDU were done. Furthermore, arterial systolic velocity was estimated distal to the site of curvature/correction every 5 min for 25 min. The degree of curvature ranged from 30degree to 90degree with a mean of 55+-18.98. Comparative study between the preoperative and post-operative data proved a significantly higher postoperative peak systolic velocity distal to the site of correction, whereas CDDU data had insignificant differences. We concluded that correction of PC is associated with improvement of penile arterial blood flow distal to the site of correction. Copyright © 2017 Macmillan Publishers Limited, part of Springer Nature. All rights reserved.

Status
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Testosterone prevents protein loss via the hepatic urea cycle in human.

Lam T., Poljak A., McLean M., Bahl N., Ho K.K.Y., Birzniece V.

Embase


[Article]

AN: 614784586

Context: The urea cycle is a rate-limiting step for amino acid nitrogen elimination. The rate of urea synthesis is a true indicator of whole-body protein catabolism. Testosterone reduces protein and nitrogen loss. The effect of testosterone on hepatic urea synthesis in humans has not been studied. Objective: To determine whether testosterone reduces hepatic urea production. Design: An open-label study. Patients and intervention: Eight hypogonadal men were studied at baseline, and after two weeks of transdermal testosterone replacement (Testogel, 100 mg/day). Main outcomes measures: The rate of hepatic urea synthesis was measured by the urea turnover technique using stable isotope methodology, with 15N2-urea as tracer. Whole-body leucine turnover was measured, from which leucine rate of appearance (LRa), an index of protein breakdown and leucine oxidation (Lox), a measure of irreversible protein loss, were calculated. Results: Testosterone administration significantly reduced the rate of hepatic urea production (from 544.4 +/- 71.8 to 431.7 +/- 68.3 mumol/min; P < 0.01), which was paralleled by a significant reduction in serum urea concentration. Testosterone treatment significantly reduced net protein loss, as measured by percent Lox/LRa, by 19.3 +/- 5.8% (P < 0.05). There was a positive association between Lox and hepatic urea production at baseline (r2 = 0.60, P < 0.05) and after testosterone administration (r2 = 0.59, P < 0.05). Conclusion: Testosterone replacement reduces protein loss and hepatic urea synthesis. We conclude that testosterone regulates whole-body
482.
Significance of platelet distribution width as a severity marker of erectile dysfunction.
Embase
Andrologia. 49 (3) (no pagination), 2017. Article Number: e12628. Date of Publication: 01 Apr 2017.
[Article]
AN: 613094322
Mean platelet volume (MPV) and Platelet distribution width (PDW) are potential markers in platelet activation. In present study, we aimed to evaluate MPV and PDW as potential severity
markers for those patients who are complaining erectile dysfunction (ED). A total of 358 participants were enrolled in this study. The whole cohort was asked to complete the International Index of Erectile Function-5 (IIEF-5) questionnaire. The participants were classified into 3 groups: control group (n = 120), mild ED (n = 118) and severe ED (n = 120). We found in our cohort MPV and PDW were significantly higher in both mild ED group and severe ED group than control group (9.24 +/- 0.70 and 9.71 +/- 0.80 versus 8.56 +/- 0.62 for MPV; 14.48 +/- 1.29 and 14.98 +/- 1.60 versus 12.86 +/- 1.13 for PDW respectively). The MPV and PDW increased as the disease progressed. In the mild and severe ED groups, a significant inverse correlation was detected between the mean values of IIEF-5 score and PDW. Furthermore, in the receiver operating characteristic curve analysis, the area under the curve of the MPV and PDW to predict severe ED was 0.818 and 0.848 respectively. Our study establishes a dose-dependent association between the PDW and ED. Therefore, the PDW can serve as a potential marker for predicting the severity of ED.

Association between personal basic information, sleep quality, mental disorders and erectile function: a cross-sectional study among 334 Chinese outpatients.

483.
Male erectile dysfunction (ED) may cause anxiety and depression, while mental disorders and sleep disturbances may also be closely related to ED. However, the exact nature of their relationship remains unclear, and whether personal basic background data affect erectile function is unknown. We conducted a cross-sectional study among Chinese outpatients with ED from January 2012 to December 2014. All the men answered a questionnaire collecting information about mental health status, sleep disturbances and personal data, underwent a physical examination and had a blood sample drawn. Sleep disturbances were assessed on the basis of a 19-item version of the Pittsburgh Sleep Quality Index, which includes questions on sleep patterns during the past month. Among the 462 patients, 128 patients with alcohol abuse, diabetes, hypertension, hyperlipidaemia, psychiatric drugs, neurologic injury or abnormal hormones were excluded from the study; 86.27% and 68.66% of the patients suffered from anxiety and depression respectively. Sleep quality and anxiety symptoms significantly affected erectile function, whereas personal income and education level had no significant effects. Our study suggested that it is necessary to pay attention to the psychological status of patients with ED, especially anxiety disorder. Sleep quality may be an important factor affecting erectile function according to the personal data.

Effects of Medical Interventions on Gender Dysphoria and Body Image: a Follow-up Study.
OBJECTIVES: The aim of the European Network for the Investigation of Gender Incongruence is to investigate the status of all individuals who had applied for gender confirming interventions from 2007 until 2009, irrespective of whether they received treatment. The current article describes the study protocol, the effect of medical treatment on gender dysphoria and body image, and the predictive value of (pre)treatment factors on post-treatment outcomes.

METHODS: Data were collected on medical interventions, transition status, gender dysphoria (Utrecht Gender Dysphoria Scale), and body image (Body Image Scale for Transsexuals). In total, 201 people participated in the study (37% of the original cohort). RESULTS: At follow-up, 29 participants (14%) did not receive medical interventions, 36 hormones only (18%), and 136 hormones and surgery (68%). Most transwomen had undergone genital surgery, most transmen chest surgery. Overall, the levels of gender dysphoria and body dissatisfaction were significantly lower at follow-up compared to clinical entry. Satisfaction with therapy responsive and unresponsive body characteristics both improved. High dissatisfaction at admission, and lower psychological functioning at follow-up were associated with persistent body dissatisfaction.

CONCLUSIONS: Hormone-based interventions and surgery were followed by improvements in body satisfaction. The level of psychological symptoms and the degree of body satisfaction at baseline were significantly associated with body satisfaction at follow-up. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal. Copyright © 2017 by American Psychosomatic Society.
Impact of health problems secondary to SCI one and five years after first inpatient rehabilitation.

Embase
[Article]
AN: 611306996

Study design: This is a multicenter prospective cohort study. Objectives: The objective of this study was to describe and compare the impact of health problems secondary to spinal cord injury (SCI) on functioning at home and on social activities at 1 and 5 years after discharge from first inpatient rehabilitation. Setting: The study was conducted in a Dutch community. Methods: Participants with SCI who use a wheelchair for everyday mobility (N=110) completed a self-report questionnaire as part of a larger cohort study including four items on extra time needed (body care, bladder and bowel regulation, 'organization' and transportation) and impact of 10 health problems on functioning at home and on social activities. The 10 health problems include secondary health conditions (bladder regulation, bowel regulation, decubitus, pain, spasticity, gain in body weight and edema), psychosocial problems (sexuality, having difficulty with being dependent on help from others) and handicap management. Results: Median extra time needed for self-management and transportation was not significantly higher 1 year after discharge (16 (IQR 13.5) h per week) compared with 5 years after discharge (13 (IQR 17) h per week) (P=0.925). Participants reported slightly less impact, comparing the severity sum-score (range 10-50) of the 10 health problems on functioning at home and in social activities, 5 years post discharge (20 and 17, respectively) than 1 year post discharge (21 and 18, respectively; P<0.05). Most frequently mentioned health problems were handicap management, being dependent on help from others, bladder regulation, bowel regulation, pain and sexuality. Conclusions: The impact of health problems after SCI is
considerable and hardly diminishes over time. These results emphasize the need for structured long-term care for people with SCI. Copyright © 2017 International Spinal Cord Society All rights reserved.

PMID

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486.
A variant in the precursor of microRNA-146a is responsible for development of erectile dysfunction in patients with chronic prostatitis via targeting NOS1.


Embase
Medical Science Monitor. 23 (pp 929-937), 2017. Date of Publication: 20 Feb 2017.
Background: The morbidity of erectile dysfunction (ED) has been found to be substantially increased in patients with chronic prostatitis (CP). Accumulating evidence shows that single-nucleotide polymorphism (SNP) located in pre-miRNA or mature microRNA may affect the processing of microRNA (miRNA) and alter the expression of the miRNA, as well as its target gene. In this study we investigated the association between rs2910164 G/C polymorphism and risk of ED in patients with CP, as well as the underlying molecular mechanism. Material/Methods: Computational analysis was used to search for the target of miR-146a, and the luciferase reporter assay system was used to validate NOS1 to be the target gene of miR-146a. We also treated PC-3 cells with miR-146a mimics/inhibitors to verify the negative regulatory relationship between miR-146a and NOS1, and real-time PCR and Western blot analysis were used to estimate the expression of the NOS1 mRNA and miR-146a. Results: The binding site of miR-146a was found to be located within the 3'-UTR of the NOS1 by searching an online miRNA database (www.mirdb.org), and luciferase reporter assay was done to confirm that NOS1 is a direct target gene of miR-146a. We also found that mRNA and protein expression level of NOS1 in PC-3 cells treated with miR-146a mimics and NOS1 siRNA was substantially down-regulated compared with scramble control, while cells treated with miR-146a inhibitors showed increased expression of NOS1. In addition, 705 people were recruited for our research - 342 CP patients with ED and 363 CP patients without ED - and we found that the presence of minor allele of rs2910164 polymorphism is significantly associated with reduced risk of ED in patients with CP. Conclusions: The findings indicate a decreased risk of ED in patients with CP who are carriers of miR-146a rs2910164 C allele, and this association might be due to its ability to compromise the expression of miR-146a, and thereby increase the expression of its target gene, NOS1.
Persistent erectile dysfunction in men exposed to the 5alpha-reductase inhibitors, finasteride, or dutasteride.
Kiguradze T., Temps W.H., Yarnold P.R., Cashy J., Brannigan R.E., Nardone B., Micali G., West D.P., Belknap S.M.
Embase
[Article]
AN: 614768856
Importance: Case reports describe persistent erectile dysfunction (PED) associated with exposure to 5alpha-reductase inhibitors (5alpha-RIs). Clinical trial reports and the manufacturers' full prescribing information (FPI) for finasteride and dutasteride state that risk of sexual adverse effects is not increased by longer duration of 5alpha-RI exposure and that sexual adverse effects of 5alpha-RIs resolve in men who discontinue exposure. Objective: Our chief objective was to assess whether longer duration of 5alpha-RI exposure increases risk of PED, independent of age and other known risk factors. Men with shorter 5alpha-RI exposure served as a comparison control group for those with longer exposure. Design: We used a single-group study design and classification tree analysis (CTA) to model PED (lasting >90 days after stopping 5alpha-RI). Covariates included subject attributes, diseases, and drug exposures associated with sexual dysfunction. Setting: Our data source was the electronic medical record data repository for Northwestern Medicine. Subjects: The analysis cohorts comprised all men exposed to finasteride or dutasteride or combination products containing one of these drugs, and the subgroup of men 16-42 years old and exposed to finasteride <1.25 mg/day. Main outcome and measures: Our main outcome measure was diagnosis of PED beginning after first 5alpha-RI exposure, continuing for at least 90 days after stopping 5alpha-RI, and with contemporaneous treatment with a phosphodiesterase-5 inhibitor (PDE5i). Other outcome measures were erectile dysfunction (ED) and low libido. PED was determined by manual review of medical narratives for all subjects with ED. Risk of an adverse effect was expressed as number needed to harm (NNH). Results: Among men with 5alpha-RI exposure, 167 of 11,909 (1.4%) developed PED (persistence median 1,348 days after stopping 5alpha-RI, interquartile range (IQR) 631.5-2320.5 days); the multivariable model predicting PED had four variables: prostate disease, duration of 5alpha-RI exposure, age, and nonsteroidal antiinflammatory drug (NSAID) use. Of 530 men with new ED,
167 (31.5%) had new PED. Men without prostate disease who combined NSAID use with \( > 208.5 \) days of 5alpha-R1 exposure had 4.8-fold higher risk of PED than men with shorter exposure (NNH 59.8, all \( p < 0.002 \)). Among men 16-42 years old and exposed to finasteride <1.25 mg/day, 34 of 4,284 (0.8%) developed PED (persistence median 1,534 days, IQR 651-2,351 days); the multivariable model predicting PED had one variable: duration of 5alpha-R1 exposure. Of 103 young men with new ED, 34 (33%) had new PED. Young men with \( > 205 \) days of finasteride exposure had 4.9-fold higher risk of PED (NNH 108.2, \( p < 0.004 \)) than men with shorter exposure. Conclusion and relevance: Risk of PED was higher in men with longer exposure to 5alpha-Rls. Among young men, longer exposure to finasteride posed a greater risk of PED than all other assessed risk factors. Copyright © 2017 Kiguradze et al.

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488.

Attitudes and Performance of Cardiologists Toward Sexual Issues in Cardiovascular Patients.
Salehian R., Khodaeifar F., Naserbakht M., Meybodi A.

Embase
Introduction The aim of the present study was to evaluate the attitudes and performance of cardiologists regarding sexual issues in patients with cardiovascular diseases. Methods A nationwide survey was conducted in a sample of cardiologists, representative of Iranian cardiologists, in 2015. Main Outcome Measures Appropriate questionnaires were developed and used to ask participants about their attitudes, performance, and barriers regarding discussing sexual issues with patients with cardiovascular disease. Results The study population consisted of 202 cardiologists (138 men and 63 women) with a mean age of 44.25 years (SD = 8.45). Overall, 93.15% of cardiologists agreed with the importance of discussing sexual issues with their patients with cardiovascular diseases. Almost 76.7% of cardiologists agreed they had a responsibility to deal with patients' sexual problems, and 79.9% of them were aware of the association of cardiovascular disease with sexual problems of cardiac patients, but only 33% of them were confident in their knowledge and skills in this regard. Only 10.6% of cardiologists reported they frequently or always assessed sexual problems with their patients, but 51.50% of them stated they were responding to patients' questions about sexual problems. There was a significant association between performance and responsibility. Conclusion The results of this study indicate a gap between cardiologist's attitudes and their actual performance and that their professional responsibility to address patients' sexual issues is a significant parameter for better performance. Copyright © 2016 The Authors
Effect of one night of sleep deprivation on the diurnal patterns of steroid hormones. <Effets d'une nuit de privation de sommeil sur le cycle diurne des hormones steroides.>
Labsy Z., Vibarel-Rebot N., Rieth N., Do M.-C., Gagey O., Zorgati H., Collomp K.

Embase Science and Sports. 32 (1) (pp 54-58), 2017. Date of Publication: 01 Feb 2017.

The purpose of this investigation was to determine the effects of one night of sleep deprivation on the waking and diurnal cycles of cortisol, dehydroepiandrosterone (DHEA) and testosterone. Saliva samples were collected every 3 hours from 0600 to 2100 hours on 2 separate days [after 1 night of 8 hours in bed; after 1 night with complete sleep deprivation] in 9 recreationally trained soccer players. Diurnal decline for all steroids was observed under both conditions. There was, however, a significant increase in cortisol concentrations on the 2nd part of the day (i.e., 1800 and 2100 hours, P < 0.05) after sleep deprivation vs. the control night. The results of this investigation indicate that one night of sleep deprivation does not affect the circadian pattern of saliva adrenal and gonadal steroids in recreationally trained athletes over a 15-hour waking period, despite higher end-afternoon and evening cortisol levels. Further studies are needed to determine the potential impact of these increased catabolic hormone concentrations induced by one night of sleep deprivation on cognitive and physiological performance capacity involved in soccer match or training. Copyright © 2016 Elsevier Masson SAS

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Date Created
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2017
Delayed treatment of undescended testes may promote hypogonadism and infertility.

Rohayem J., Luberto A., Nieschlag E., Zitzmann M., Kliesch S.

Endocrine. 55 (3) (pp 914-924), 2017. Date of Publication: 01 Mar 2017.

Context: Undescended testes at birth may be caused by testosterone deficiency during fetal development. It is unclear whether the process of failed descent contributes to permanent endocrine impairment. Objectives: To evaluate the impact of age at treatment of undescended testes on endocrine and spermatogenic testicular function in middle-aged men. Patients and methods: Reproductive hormone and semen data of 357 men with previously undescended testes were evaluated with respect to age at correction of testicular position and compared to those of 709 controls with eutopic testes at birth and normozoospermia. Results: Men with undescended testes had higher mean Luteinizing Hormone levels (p < 0.0001) and lower mean testosterone levels (p = 0.003) compared to controls. They also had lower bi-testicular volumes, higher Follicle Stimulating Hormone levels, and lower sperm concentrations (all p < 0.0001). Lowest mean sperm concentrations were found in subjects with bilateral undescended testes. Normal sperm concentrations were found in 21 % of cases (in 27 % of men with unilateral and in 12 % with bilateral undescended testes), while oligozoospermia was diagnosed in 44 %, and azoospermia in 35 % (in 28 % with unilateral, 46 % with bilateral undescended testes). Subjects with reduced semen quality had higher gonadotropin levels than those with normozoospermia. Age at correction (median: 6 years (1-39)) was inversely correlated with bi-testicular volumes and sperm concentrations, and positively correlated with FSH and LH, but not with serum testosterone. Conclusion: Latent, rarely decompensated hypogonadism is a potential long-term consequence of undescended testes, besides infertility and testicular cancer, preferentially affecting subjects with delayed or unsuccessful correction of testicular position. Impaired Leydig cell function is likely to contribute to compromised fertility. These observations support correction of cryptorchidism during early infancy.


Status
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Symptomatic response to testosterone treatment in dieting obese men with low testosterone levels in a randomized, placebo-controlled clinical trial.

Ng Tang Fui M., Hoermann R., Prendergast L.A., Zajac J.D., Grossmann M.


[Article]
AN: 614134471

Background: Obese men commonly have reductions in circulating testosterone and report symptoms consistent with androgen deficiency. We hypothesized that testosterone treatment improves constitutional and sexual symptoms over and above the effects of weight loss alone. Methods: We conducted a pre-specified analysis of a randomized double-blind, placebo-controlled trial at a tertiary referral center. About 100 obese men (body mass index (BMI)>30 kg m^-2) with a repeated total testosterone level <12 nmol l^-1 and a median age of 53 years (interquartile range 47-60) receiving 10 weeks of a very-low-energy diet (VLED) followed by 46 weeks of weight maintenance were randomly assigned at baseline to 56 weeks of intramuscular testosterone undecanoate (n=49, cases) or matching placebo (n=51, controls). Pre-specified outcomes were the between-group differences in Aging Male Symptoms scale (AMS) and international index of erectile function (IIEF-5) questionnaires. Results: Eighty-two men completed the study. At study end, cases showed significant symptomatic improvement in AMS score,
compared with controls, and improvement was more marked in men with more severe baseline symptoms (mean adjusted difference (MAD) per unit of change in AMS score -0.34 (95% confidence interval (CI) -0.65, -0.02), P=0.04). This corresponds to improvements of 11% and 20% from baseline scores of 40 and 60, respectively, with higher scores denoting more severe symptoms. Men with erectile dysfunction (IIIEF-5<20) had improved erectile function with testosterone treatment. Cases and controls lost the same weight after VLED (testosterone -12.0 kg; placebo -13.5 kg, P=0.40) and maintained this at study end (testosterone -11.4 kg; placebo - 10.9 kg, P=0.80). The improvement in AMS following VLED was not different between the groups (-0.05 (95% CI -0.28, 0.17), P=0.65). Conclusions: In otherwise healthy obese men with mild to moderate symptoms and modest reductions in testosterone levels, testosterone treatment improved androgen deficiency symptoms over and above the improvement associated with weight loss alone, and more severely symptomatic men achieved a greater benefit. Copyright © 2017 Macmillan Publishers Limited, part of Springer Nature. All rights reserved.

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20170318
Year of Publication
2017

492.
Practical and functional classification of the double urethra: A variable, complex and fascinating malformation observed in 20 patients.
Lima M., Destro F., Maffi M., Persichetti Proietti D., Ruggeri G.
Embase
Introduction Urethral duplication is a rare and variable malformation of the urinary tract, with non-univocal and complex management. In addition, different classification schemes have been proposed, but none have considered all the possible variants. Objective To report experience with the management of 20 urethral duplication patients and propose a classification of this anomaly.

Materials and methods A retrospective analysis collecting information regarding 20 patients (Table) with urethral duplication treated at a single institution over the past 40 years. Three females and 17 males were treated: two had vesico-urethral duplication, eight had urethral duplication with a single bladder, and eight had 'lambda' duplication. Results Immediate postoperative complications included urethral dehiscence (n = 1) and urethral stenosis (n = 2). The progressive augmentation by dilating the urethra (PADUA) technique was ineffective. During follow-up, the following were recorded: urinary incontinence (n = 2), urinary tract infection (n = 3), hypertension (n = 3) and erectile dysfunction (n = 1). All patients were satisfied with the aesthetic result. Discussion Urethral duplication is a rare anomaly with male preponderance. Four types of duplication were described, on the basis of anatomy and management: vesical and urethral duplication (type 1), urethral duplication with single bladder (type 2), 'lambda-type' duplication (type 3) and 'miscellanea' (multiple urethral channels, spindle urethra, other female forms, type 4). A full description of the malformation and surgical approach was given for each type. The advantages of the classification were compared with the literature. Conclusions The proposed classification should be a useful tool, based on the required surgical approach, even if surgery should be tailored to the patient. It is important to restore the anatomy and achieve urinary continence. Surgery can be challenging and a multi-step process, especially in cases of 'lambda' duplications.
Erectile dysfunction and exposure to ambient Air pollution in a nationally representative cohort of older Men.

Embase
[Article]
AN: 614437143
Background: Little is known about the association between air pollution and erectile dysfunction (ED), a disorder occurring in 64% of men over the age of 70, and to date, no studies have been published. To address this significant knowledge gap, we explored the relationship between ED and air pollution in a group of older men who were part of the National Social Life, Health, and Aging Project (NSHAP), a nationally representative cohort study of older Americans. Methods: We obtained incident ED status and participant data for 412 men (age 57-85). Fine particulate matter (PM2.5) exposures were estimated using spatio-temporal models based on participants' geocoded addresses, while nitrogen dioxide (NO2) and ozone (O3) concentrations were estimated using nearest measurements from the Environmental Protection Agency's Air Quality System. The association between air pollution and incident ED (newly developed in Wave 2) was examined and logistic regression models were run with adjusted models controlling for race, education, season, smoking, obesity, diabetes, depression, and median household income of census tract. Results: We found positive, although statistically insignificant, associations between PM2.5, NO2, and O3 exposures and odds of developing ED for each of our examined exposure windows, including 1 to 7 year moving averages. Odds ratios (OR) for 1 and 7 year moving averages equaled 1.16 (95% CI: 0.87, 1.55) and 1.16 (95% CI: 0.92, 1.46), respectively, for an IQR increase in PM2.5 exposures. Observed associations were robust to model specifications and were not significantly modified by any of the examined risk factors for ED. Conclusions: We found associations between PM2.5, NO2, and O3 exposures and odds of developing ED that did not reach nominal statistical significance, although exposures to each pollutant were consistently associated with higher odds of developing ED. While more research is needed, our findings
suggest a relationship between air pollutant exposure and incident cases of ED, a common condition in older men. Copyright © 2017 The Author(s).

Dynamic GnRH and hCG testing: Establishment of new diagnostic reference levels.

Objective: Gonadotropin-releasing hormone (GnRH) and human chorionic gonadotropin (hCG) stimulation tests may be used to evaluate the pituitary and testicular capacity. Our aim was to
evaluate changes in follicular-stimulating hormone (FSH), luteinizing hormone (LH) and testosterone after GnRH and hCG stimulation in healthy men and assess the impact of six single nucleotide polymorphisms on the responses. Design: GnRH and hCG stimulation tests were performed on 77 healthy men, 18-40 years (reference group) at a specialized andrology referral center at a university hospital. The potential influence of the tests was illustrated by results from 45 patients suspected of disordered hypothalamic-pituitary-gonadal axis. Methods: Baseline, stimulated, relative and absolute changes in serum FSH and LH were determined by ultrasensitive TRIFMA, and testosterone was determined by LC-MS/MS. Results: For the reference group, LH and FSH increased almost 400% and 40% during GnRH testing, stimulated levels varied from 4.4 to 58.8 U/L and 0.2 to 11.8 U/L and FSH decreased in nine men. Testosterone increased approximately 110% (range: 18.7-67.6 nmol/L) during hCG testing. None of the polymorphisms had any major impact on the test results. Results from GnRH and hCG tests in patients compared with the reference group showed that the stimulated level and absolute increase in LH showed superior identification of patients compared with the relative increase, and the absolute change in testosterone was superior in identifying men with Leydig cell insufficiency, compared with the relative increase. Conclusions: We provide novel reference ranges for GnRH and hCG test in healthy men, which allows future diagnostic evaluation of hypothalamic-pituitary-gonadal disorders in men. Copyright © 2017 European Society of Endocrinology.

PMID

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Male hormonal contraception: hope and promise.
Piotrowska K., Wang C., Swerdloff R.S., Liu P.Y.

Embase
The Lancet Diabetes and Endocrinology. 5 (3) (pp 214-223), 2017. Date of Publication: 01 Mar 2017.
[Review]
AN: 610327330

Family planning is a shared responsibility, but available male-directed contraceptive methods are either not easily reversible (vasectomy) or not sufficiently effective (condom). However, roughly 20% of couples using a contraceptive method worldwide, and up to 80% in some countries, still choose a male-directed method. Male hormonal contraception is highly effective, with perfect use failure rates of 0.6% (95% CI 0.3–1.1) if sperm concentrations of less than 1 million per mL are maintained. After cessation of male hormonal contraception, sperm output fully recovers in a predictable manner, resulting in pregnancies and livebirths. Spontaneous miscarriage and fetal malformation rates after recovery of sperm output overlap those in the general population. Short-term adverse events—acne, night sweats, increased weight, and altered mood and libido—are recognised, but are generally mild. Further optimisation of specific androgen-progestin regimens and phase 3 studies of lead combinations are still needed to successfully develop an approved male hormonal contraceptive and to identify long-term side-effects.

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Publisher
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Women with complete androgen insensitivity syndrome (CAIS) have a male (46,XY) karyotype but no functional androgen receptors. Their condition, therefore, offers a unique model for studying testosterone effects on cerebral sex dimorphism. We present MRI data from 16 women with CAIS and 32 male (46,XY) and 32 female (46,XX) controls. Methods: FreeSurfer software was employed to measure cortical thickness and subcortical structural volumes. Axonal connections, indexed by fractional anisotropy, (FA) were measured with diffusion tensor imaging, and functional connectivity with resting state fMRI. Results: Compared to men, CAIS women displayed a "female" pattern by having thicker parietal and occipital cortices, lower FA values in the right corticospinal, superior and inferior longitudinal tracts, and corpus callosum. Their functional connectivity from the amygdala to the medial prefrontal cortex, was stronger and amygdala-connections to the motor cortex weaker than in control men. CAIS and control women also showed stronger posterior cingulate and precuneus connections in the default mode network. Thickness of the motor cortex, the caudate volume, and the FA in the callosal body followed, however, a "male" pattern. Conclusion: Altogether, these data suggest that testosterone modulates the microstructure of somatosensory and visual cortices and their axonal connections to the frontal cortex. Testosterone also influenced functional connections from the amygdala, whereas the motor cortex could, in agreement with our previous reports, be moderated by processes linked to X-chromosome gene dosage. These data raise the question about other genetic factors masculinizing the human brain than the SRY gene and testosterone. Copyright © 2017 Wiley Periodicals, Inc.
497.
The effect of glycopyrrolate on nocturnal sialorrhea in patients using clozapine: A randomized, crossover, double-blind, placebo-controlled trial.
Embase
[Article]
AN: 614244192
Background Nocturnal sialorrhea is one of the most frequent adverse events in clozapine treatment. Symptomatic management of sialorrhea usually consists of off-label treatment with anticholinergic agents. The aim of the current study is to evaluate the efficacy and safety of glycopyrrolate in patients using clozapine that experience sialorrhea. Methods In a double-blind randomized crossover trial, patients with nocturnal sialorrhea (n = 32) were randomized to treatment with glycopyrrolate 1 mg or placebo. This double-blinded phase was followed by an optional open label extension phase with glycopyrrolate 2 mg. Exposure periods consisted of 6 consecutive days and were separated with 1 washout week. The primary outcome was clinical improvement of nocturnal sialorrhea assessed by the Patient Global Impression of Improvement
(PGI-I). Results The proportion of patients with a clinical improvement according to PGI-I did not significantly differ between 1 mg and placebo (18.8% vs 6.3%, P = 0.289); however, in patients using glycopyrrolate 2 mg once daily versus placebo, it did (43.5% vs 6.3%, P = 0.039). Glycopyrrolate was not associated with severe adverse events or worsening of cognitive adverse events. Conclusions Glycopyrrolate 1 mg was not superior to placebo, whereas 2 mg showed a significant clinical improvement of nocturnal sialorrhea compared with placebo. Glycopyrrolate seemed to be a tolerable anticholinergic agent in the treatment of clozapine-associated sialorrhea.

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498.
Comparison of the efficacy and safety of aripiprazole versus bupropion augmentation in patients with major depressive disorder unresponsive to selective serotonin reuptake inhibitors: A randomized, prospective, open-label study.
Embase
Purpose The purpose of this study was to compare the efficacy and safety of aripiprazole versus bupropion augmentation in patients with major depressive disorder (MDD) unresponsive to selective serotonin reuptake inhibitors (SSRIs). Methods This is the first randomized, prospective, open-label, direct comparison study between aripiprazole and bupropion augmentation. Participants had at least moderately severe depressive symptoms after 4 weeks or more of SSRI treatment. A total of 103 patients were randomized to either aripiprazole (n = 56) or bupropion (n = 47) augmentation for 6 weeks. Concomitant use of psychotropic agents was prohibited. Montgomery Asberg Depression Rating Scale, 17-item Hamilton Depression Rating scale, Iowa Fatigue Scale, Drug-Induced Extrapyramidal Symptoms Scale, Psychotropic-Related Sexual Dysfunction Questionnaire scores were obtained at baseline and after 1, 2, 4, and 6 weeks of treatment. Results Overall, both treatments significantly improved depressive symptoms without causing serious adverse events. There were no significant differences in the Montgomery Asberg Depression Rating Scale, 17-item Hamilton Depression Rating scale, and Iowa Fatigue Scale scores, and response rates. However, significant differences in remission rates between the 2 groups were evident at week 6 (55.4% vs 34.0%, respectively; P = 0.031), favoring aripiprazole over bupropion. There were no significant differences in adverse sexual events, extrapyramidal symptoms, or akathisia between the 2 groups. Conclusions The present study suggests that aripiprazole augmentation is at least comparable to bupropion augmentation in combination with SSRI in terms of efficacy and tolerability in patients with MDD. Both aripiprazole and bupropion could help reduce sexual dysfunction and fatigue in patients with MDD. Aripiprazole and bupropion may offer effective and safe augmentation strategies in patients with MDD who are unresponsive to SSRIs. Double-blinded trials are warranted to confirm the present findings.
499.
The SIGHT questionnaire: A novel assessment tool for Satisfaction In Genital Hypospadias Treatment.
Ardelt P.U., Cederqvist M., Barth M., Frankenschmidt A.
Embase
[Article]
AN: 613872883
Purpose Psychosexual development is currently underrepresented in hypospadias outcome research. The aim of this study was to develop and validate a questionnaire addressing psychosexual long-term satisfaction, specifically of adolescent patients, after hypospadias repair.
Materials and methods In a multistep participative design we identified key interests of adolescent patients with hypospadias. Next, a questionnaire addressing specifically the psychosexual satisfaction of adolescents after hypospadias repair was established. A population of 109 former patients with hypospadias was then assessed using this questionnaire. Furthermore, functional and cosmetic aspects, behavioural anomalies, and sexual activity were investigated. Age-matched patients undergoing circumcision served as control patients. Possible influence factors on patient satisfaction were investigated. Clinical trial registry site: German Registry of Clinical Trials DRKS, Freiburg, Germany (Reference: DRKS00003432). Results Key interests of adolescent patients were "normal appearance of the penis", "normal function of the penis regarding voiding and sexual activity", "no limitations regarding cosmetic appearance to others", "no limitations to sexual activity", and an "unimpaired masculine identity". The "Satisfaction In Genital Hypospadias Treatment" (SIGHT) questionnaire was developed using these items and using previously published evaluation systems. Nine questions address psychosexual aspects and two additional questions address current sexual activity. Internal consistency was high and retest reliability acceptable. The patient population showed a normal strength and difficulties
score (SDQ). Overall satisfaction was high and similar to that of the control group. In a Spearman correlation a high SDQ value, erectile problems, and complications correlated negatively with satisfaction. Conclusion To date, few studies have examined patients' satisfaction and psychosexuality. To our knowledge, the SIGHT questionnaire is the first to be developed participatively and in a stepwise fashion in collaboration with a paediatric psychologist and an open approach to determine items specifically important for adolescents. The SIGHT questionnaire can thus offer a relevant assessment of patients' psychosexual satisfaction. It is most suitable to supplement current strategies that so far mostly neglect the impact on psychosexual wellbeing. Copyright © 2016 Journal of Pediatric Urology Company

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500.
Long-Term Follow-Up of Testicular Microlithiasis in Children and Adolescents: Multicenter Prospective Cohort Study of the Italian Society of Pediatric Urology.

Embase
Date of Publication: 01 Apr 2017.

[Article]
Introduction Testicular microlithiasis (TM), characterized by the presence of intratubular calcifications in a single or both the gonads, is an uncommon entity with unknown etiology and outcome in pediatric and adolescent age. In this study, the results of a multicenter long-term survey are presented. Materials and Methods From 11 units of pediatric urology/surgery, patients with TM were identified and yearly, followed up in a 7-year period, adopting a specific database. The recorded items were: age at diagnosis, presenting symptoms/associated abnormalities, ultrasonographic finding, surgery and histology at biopsy, if performed. Results Out of 85 patients, 81 were evaluated yearly (4 patients lost to follow-up). TM was bilateral in 66.6% of the patients. Associate genital abnormalities were present in 90%, more frequently undescended/retractile testis (23.4%) and varicocele (22.2%). TM remained unchanged at 4.7 years follow-up in 77 patients (93.8%) and was reduced in 4 patients after 1 to 5 years of inguinoscrotal surgery. Orchietomy was performed in three patients (3.7%), one for severe testicular hypoplasia and two for seminoma (2.5%), respectively, concurrent and metachronous to diagnosis of TM. Tumorectomy with parenchymal sparing surgery was performed in a teratoma associated with TM. Conclusion TM is a controversial entity, often associated with several inguinogenital features, which rarely can recover. Testicular malignancy, although present in TM, has not proven definitively associated to microliths. Proper counseling, yearly ultrasound, and self-examination are long-term recommended. Copyright © Georg Thieme Verlag KG Stuttgart . New York.

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501.
The prostatic utricle: An under-recognized condition resulting in significant morbidity in boys with both hypospadias and normal external genitalia.
Hester A.G., Kogan S.J.
Embase
[Article In Press]
AN: 614885522
Introduction: Pediatric presentations of a prostatic utricle have received only scant attention. Though recognized with increased frequency in boys with hypospadias, little is described about their incidence and potential for morbidity in boys with normal external genitalia. Methods: We initially reviewed a cohort of 64 patients with hypospadias seen over a 3-year period to determine the frequency of investigative lower urinary tract studies and utricle identification. Children with disorders of sexual differentiation were excluded from this review. A subsequent group of 70 boys with hypospadias and 23 boys with normal external genitalia presenting with lower urinary tract symptoms (LUTS) who were found to have an unsuspected utricle were reviewed. This comparative group was investigated since symptomatology was the indication for evaluation, contrasting with those in the hypospadias group who were investigated because of hypospadias presence alone. Results: In our initial review of 64 patients only 24 (37.5%) underwent an investigative study and six (9.4%) had a utricle. Three (50%) required surgical excision, allowing their hypospadias repair to proceed. Results in the subsequent group with hypospadias confirmed these findings with increased rates of investigation and identification. The boys with normal external male genitalia all required surgery since symptoms were the result of the utricle alone. Penile pain with voiding, hematuria, epididymitis, and urinary infection were the most common
causes for interventions. Conclusions: The prostatic utricle should be considered as a cause of morbidity in boys with both normal external genitalia and those with hypospadias. Endoscopic or radiological evaluation (see Figure) should be undertaken in all boys with proximal hypospadias, boys with hypospadias and associated cryptorchidism, and those with hypospadias with associated urinary symptoms. Boys with normal external genitalia with lower urinary tract symptoms not explained with imaging should undergo cystoscopy, as an unidentified unsuspected utricle may be the underlying cause.

502.
Effects of taking tadalafil 5 mg once daily on erectile function and total testosterone levels in patients with metabolic syndrome.

Ozcan L., Polat E.C., Kocaaslan R., Onen E., Otunçtemur A., Ozbek E.

Embase
[Article In Press]
AN: 614878125

We aimed to evaluate the efficacy of tadalafil 5 mg once-daily treatment on testosterone levels in patients with erectile dysfunction (ED) accompanied by the metabolic syndrome. A total of 40 men with metabolic syndrome were evaluated for ED in this study. All the patients received 5 mg tadalafil once a day for 3 months. Erectile function was assessed using the five-item version of the International Index of Erectile Function (IIEF) questionnaire. Serum testosterone, follicle-stimulating hormone and luteinising hormone levels were also evaluated, and blood samples
were taken between 08.00 and 10.00 in the fasting state. All participants have three or more criteria of metabolic syndrome. At the end of 3 months, mean testosterone values and IIEF scores showed an improvement from baseline values (from 3.6 +/- 0.5 to 5.2 +/- 0.3, from 11.3 +/- 1.9 to 19 +/- 0.8 respectively). After the treatment, serum LH levels were decreased (from 5.6 +/- 0.6 to 4.6 +/- 0.5). There was significantly difference in terms of baseline testosterone and luteinising hormone values and IIEF scores (p < .05). Based on our findings, we recommend tadalafil 5 mg once daily in those men with erectile dysfunction especially low testosterone levels accompanied by metabolic syndrome. Copyright © 2017 Blackwell Verlag GmbH.

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503.
Low Testosterone Levels Result in Decreased Periurethral Vascularity via an Androgen Receptor-mediated Process: Pilot Study in Urethral Stricture Tissue.

Embase
Urology. (no pagination), 2017. Date of Publication: December 06, 2016.

[Article In Press]
AN: 614876571

Objective: To compare expression of androgen receptor (AR) and angiopoietin 1 receptor TIE-2 and vessel density of urethral stricture tissue among eugonadal and hypogonadal men to identify
a pathophysiological basis for our observations that low testosterone is associated with urethral atrophy. Methods: Among 1200 men having urethroplasty at our institution, we retrospectively identified 11 patients with testosterone levels drawn within 2 years of surgery. Low testosterone was defined as <280 ng/dL and detected in 5 of 11 (45.5%) patients. Urethral tissue samples were analyzed using immunohistochemistry for AR, TIE-2 (a downstream target of activated AR linking it to angiogenesis), and CD31 expression. Results: Mean testosterone was 179.4 ng/dL for patients classified as having low testosterone and 375.0 ng/dL for controls (P = .003). We found a significant decrease of AR expression (1.11% high power field [HPF] vs 1.62, P = .016), TIE-2 expression (1.84% HPF vs 3.08, P = .006), and vessel counts (44.47 vessels/HPF vs 98.33, P = .004) in men with low testosterone. Expression levels of AR and TIE-2 were directly correlated to testosterone levels (rho: 0.685, P = .029, and rho: 0.773, P = .005, respectively). We did not find a difference in age, radiation, or comorbidities among patients with normal or low testosterone levels, with the exception of higher body mass index in the latter. Conclusion: Men with low testosterone levels demonstrate decreased AR and TIE-2 expression and lower vessel counts in periurethral tissue samples of urethral strictures. Our results provide a rationale for a mechanistic relationship between low testosterone levels and decreased periurethral vascularity that may contribute to urethral atrophy in patients with urethral strictures. Copyright © 2017 Elsevier Inc.

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Souza Trindade J.C., Viterbo F., Petean Trindade A., Favaro W.J., Trindade-Filho J.C.S.

Embase

[Article In Press]

AN: 614840499

Objective: To study a novel penile reinnervation technique using four sural nerve grafts and end-to-side neurorraphies connecting bilaterally the femoral nerve and the cavernous corpus and the femoral nerve and the dorsal penile nerves. Patients and Methods: Ten patients (mean [+/− sd; range] age 60.3 [+/− 4.8; 54-68] years), who had undergone radical prostatectomy (RP) at least 2 years previously, underwent penile reinnervation in the present study. Four patients had undergone radiotherapy after RP. All patients reported satisfactory sexual activity prior to RP. The surgery involved bridging of the femoral nerve to the dorsal nerve of the penis and the inner part of the corpus cavernosum with sural nerve grafts and end-to-side neurorraphies. Patients were evaluated using the International Index of Erectile Function (IIEF) questionnaire and pharmacopénile Doppler ultrasonography (PPDU) preoperatively and at 6, 12 and 18 months postoperatively, and using a Clinical Evolution of Erectile Function (CEEF) questionnaire, administered after 36 months. Results: The IIEF scores showed improvements with regard to erectile dysfunction (ED), satisfaction with intercourse and general satisfaction. Evaluation of PPDU velocities did not reveal any difference between the right and left sides or among the different time points. The introduction of nerve grafts neither caused fibrosis of the corpus cavernosum, nor reduced penile vascular flow. CEEF results showed that sexual intercourse began after a mean of 13.7 months with frequency of sexual intercourse varying from once daily to once monthly. Acute complications were minimal. The study was limited by the small number of cases. Conclusions: A total of 60% of patients were able to achieve full penetration, on average, 13 months after reinnervation surgery. Patients previously submitted to radiotherapy had slower return of erectile function. We conclude that penile reinnervation surgery is a viable technique, with effective results, and could offer a new treatment method for ED after RP.

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Cardiovascular safety of phosphodiesterase inhibitors for treating erectile dysfunction in elderly men.
Xu R., He B., Pu J., Peterson K.

This is a protocol for a Cochrane Review (Intervention). The objectives are as follows: To assess whether PDE-5 inhibitors for the treatment of erectile dysfunction in elderly men increase the risk of serious cardiovascular adverse events. Copyright © 2017 The Cochrane Collaboration.

Published by John Wiley & Sons, Ltd.
Sexual therapy for women with multiple sclerosis and its impact on quality of life.
Zamani M., Tavoli A., Khasti B.Y., Sedighimornani N., Zafar M.

[Article]

AN: 614619915

Objective: Multiple Sclerosis (MS) is a disease with a detrimental effect on functional status. The present study investigated the effect of a sexual therapy program on the quality of life (QOL) of women with multiple sclerosis. Method: Women with multiple sclerosis and sexual dysfunction (n = 30) were selected, and were randomly assigned into the treatment (n = 15), or the control groups (n = 15). Participants of the treatment group (n = 15) received 12 weekly sessions of sexual therapy. Participants in both groups completed the Female Sexual Function Inventory (FSFI) and the MS Quality of Life- 54 (MSQOL-54) in the onset of the program and at the end of the program. Results: ANCOVA(s) using pre-test scores as covariate(s) revealed that in comparison to the control condition, MS patients within the treatment group showed a significant improvement in their sexual desire (0.0001), arousal (0.022), lubrication (0.001), orgasm (0.001), satisfaction (0.0001), overall quality of life (0.001), energy (0.023), cognitive function (0.005), and social function (0.001) at the end of the program. In addition, they were less limited in their roles due to the emotional and health problems. Conclusion: The present study revealed that addressing sexual dysfunction in MS patients could improve their quality of life. In the future, this research can extend its results, and apply the same method to men with MS to find whether sexual therapy enhances their quality of life.

Status
EMBASE

Institution
Gender differences in Parkinson's disease depression.

Embase
Parkinsonism and Related Disorders. 36 (pp 93-97), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 614103324

Introduction 30-40% of patients with Parkinson's disease (PD) experience depression during their illness; identifying subtypes of depression and groups at risk remains a challenge in routine clinical care. One avenue that remains underexplored is the gender-specific profiles manifested in PD depression. We sought to explore this in a large sample of clinical PD patients. Methods 307 patient records at a tertiary referral centre were reviewed for clinical and demographic factors. We used recursive partitioning to determine which items on the Beck Depression Inventory (BDI) were most useful in differentiating patients who scored in the depressed range (≥14) from those who scored in the non-depressed range (<13). We also used recursive partitioning to identify those BDI items that were most effective in differentiating depressed from non-depressed patients in both genders. Results We were able to identify a subset of items on the BDI that were most
useful in partitioning depressed from non-depressed in the entire cohort. Partitioning of men and women with PD depression relied on different key BDI items, melancholy featuring prominently in women, while the more classical factors associated with depression in PD (apathy and loss of libido) featured more prominently in men. Conclusion Unique factors not previously identified as core features of depression in PD were found most useful in partitioning depressed women from non-depressed women. This raises the possibility that a female-specific depressive profile has been under-appreciated in past work. Additional studies are required to discern how this may impact future research, diagnosis and treatment.  


Objectives To compare the role of alpha-blocker (Tamsulosin) monotherapy, anticholinergic (Tolterodine) monotherapy or combination of both drugs versus analgesics in improving post-ureteroscopy (URS) lower urinary tract symptoms related to double-J ureteral stent. Patients and methods Between January 2009 and June 2013, 160 consecutive patients with ureteric stones were included in this study at 2 tertiary care centers’. Patients were randomized into 4 groups; group A (n = 40) received 0.4 mg Tamsulosin once a day, group B (n = 40) received 4 mg Tolterodine once a day, group C (n = 40) received Tamsulosin 0.4 mg and Tolterodine 4 mg once a day and group D (n = 40) as a control group, received placebo once a day. All patients received analgesics on demand. Pre-treatment evaluation was done followed by among-groups comparison after 14 days including ureteral stent symptom questionnaire (USSQ) [Urinary symptom index (USI), pain symptom index (PSI), general health index (GHI), work perform index (WPI), need for pain killer (PK), need for analgesia, visual analogue scale (VAS) for pain and quality of life (QOL)]. Side effects were recorded and compared. Results Out of 160 patients, 153 patients (40, 38, 37 and 38 patients in groups A, B, C and D, respectively) completed the study with a mean age of 34.3 +/- 7.6 (20-50) years. All groups were comparable in terms of age, gender, stone size and stone location, USSQ items and QOL. After 14 days, the USSQ and QOL were significantly lower in group A, B and C in comparison with group D (p < 0.05). Patients in group C had significantly much improvement than those of groups A and B (p < 0.05). Conclusion Combination of alpha blockers (Tamsulosin) and Anticholinergics (Tolterodine) seems to significantly improve post-URS lower urinary tract symptoms secondary to ureteral stents with lower need for analgesia and better quality of life. Adverse effect of used drugs mentioned as transient and tolerated by the patients without need for auxiliary medication. Copyright © 2016 Pan African Urological Surgeons’ Association

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Publisher
Pan African Urological Surgeons Association(PAUSA) (E-mail: sunnydoodu@yahoo.com)
Date Created
20170316
Year of Publication
Evaluation of life quality, self-confidence and sexual functions in patients with total and partial laryngectomy.

Batioglu-Karaaltin A., Binbay Z., Yigit O., Donmez Z.

Embase

Auris Nasus Larynx. 44 (2) (pp 188-194), 2017. Date of Publication: 01 Apr 2017.

Objective In this study patients who have undergone partial (PL) or total laryngectomy (TL) were evaluated for life quality, self-esteem and sexual dysfunctions. Methods 108 patients who received TL or PL without tracheostoma were included in this study. During patient interview, sociodemographical data form, European Organization for Research and Treatment of Cancer, Life Questionnaire Core 30 Items, Cancer and Head and Neck module-35 Items (EORTC QLQ-C30 and H&N35) were filled and patients were also asked to fill in Arizona Sexual Experiences Scale (ASEX), Beck's Depression Inventory (BDI), Beck's Anxiety Inventory (BAI) and Rosenberg Self-Esteem Scale (RSES) forms. Results Depression and anxiety scores and points taken from RSES were significantly different between TL and PL patients (p = 0.045, p = 0.041 and p = 0.006 respectively). Although the difference was not significant in ASEX (p = 0.174), the average scores of sexuality subunit (QL-35 59-60) of EORTC QLQ-H&N35 module were significantly different in these patients (p < 0.001). Besides, it was shown that 90.3% of TL patients and 63.9% of PL patients have experienced negative effects in sexual functions. Conclusion TL patients were more often observed to have problems regarding depression, anxiety, self-esteem and sexual functions and it is concluded that they may need psychosocial support more than PL patients. Copyright © 2016 Elsevier Ireland Ltd

PMID


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EMBASE

Institution
510.
Jasuja G.K., Bhasin S., Reisman J.I., Hanlon J.T., Miller D.R., Morreale A.P., Pogach L.M., Cunningham F.E., Park A., Berlowitz D.R., Rose A.J.
Embase
[Article]
AN: 613790122
Background: There has been concern about the growing off-label use of testosterone. Understanding the context within which testosterone is prescribed may contribute to interventions to improve prescribing. Objective: To evaluate patient characteristics associated with receipt of testosterone. Design: Cross-sectional. Setting: A national cohort of male patients, who had received at least one outpatient prescription within the Veterans Affairs (VA) system during Fiscal Year 2008- Fiscal Year 2012. Participants: The study sample consisted of 682,915 non-HIV male patients, of whom 132,764 had received testosterone and a random 10% sample, 550,151, had not. Main Measures: Conditions and medications associated with testosterone prescription. Key Results: Only 6.3% of men who received testosterone from the VA during the study period had a
disorder of the testis, pituitary or hypothalamus associated with male hypogonadism. Among patients without a diagnosed disorder of hypogonadism, the use of opioids and obesity were the strongest predictors of testosterone prescription. Patients receiving >100 mg/equivalents of oral morphine daily (adjusted odds ratio = 5.75, p < 0.001) and those with body mass index (BMI) >40 kg/m² (adjusted odds ratio = 3.01, p < 0.001) were more likely to receive testosterone than non-opioid users and men with BMI <25 kg/m². Certain demographics (age 40-54, White race), comorbid conditions (sleep apnea, depression, and diabetes), and medications (antidepressants, systemic corticosteroids) also predicted a higher likelihood of testosterone receipt, all with an adjusted odds ratio less than 2 (p < 0.001). Conclusions: In the VA, 93.7% of men receiving testosterone did not have a diagnosed condition of the testes, pituitary, or hypothalamus. The strongest predictors of testosterone receipt (e.g., obesity, receipt of opioids), which though are associated with unapproved, off-label use, may be valid reasons for therapy. Interventions should aim to increase the proportion of testosterone recipients who have a valid indication. Copyright © 2016, Society of General Internal Medicine.
Bone mineral density and its determinants in men with opioid dependence.
Gotthardt F., Huber C., Thierfelder C., Grize L., Kraenzlin M., Scheidegger C., Meier C.

Embase

[Article]
AN: 607648342

Data on the influence of opioid substitution therapy (OST) on skeletal health in men is limited. This cross-sectional study aimed to determine the prevalence of low bone mass in male drug users and to evaluate the relationship between endogenous testosterone and bone mass. We recruited 144 men on long-term opioid maintenance therapy followed in the Center of Addiction Medicine in Basel, Switzerland. Data on medical and drug history, fracture risk and history of falls were collected. Bone mineral density (BMD) was evaluated by densitometry and serum was collected for measurements of gonadal hormones and bone markers. 35 healthy age- and BMI-matched men served as the control group. The study participants received OST with methadone (69 %), morphine (25 %) or buprenorphine (6 %). Overall, 74.3 % of men had low bone mass, with comparable bone mass irrespective of OST type. In older men (>40 years, n = 106), 29.2 % of individuals were osteoporotic (mean T-score -3.0 +/- 0.4 SD) and 48.1 % were diagnosed with
osteopenia (mean T-score -1.7 +/- 0.4 SD). In younger men (n = 38), 65.8% of men had low bone mass. In all age groups, BMD was significantly lower than in age-and BMI-matched controls. In multivariate analyses, serum free testosterone (fT) was significantly associated with low BMD at the lumbar spine (p = 0.02), but not at the hip. When analysed by quartiles of fT, lumbar spine BMD decreased progressively with decreasing testosterone levels. We conclude that low bone mass is highly prevalent in middle-aged men on long-term opioid dependency, a finding which may partly be determined by partial androgen deficiency. Copyright © 2016, The Japanese Society for Bone and Mineral Research and Springer Japan.


512.
Is there a protective role of testosterone against high-grade prostate cancer? Incidence and severity of prostate cancer in 553 patients who underwent prostate biopsy: a prospective data register.
Yassin A., Salman M., Talib R.A., Yassin D.-J.

Embase
This study investigated the role of testosterone replacement therapy (TRT) in prostate safety and cancer progression. A cohort of 553 patients, 42 treated and 162 untreated hypogonadal men, and 349 eugonadal men were included. Pathological analysis of prostate biopsies examining the incidence and severity of PCa revealed that: 16.7% of treated hypogonadal men had a positive biopsy, a Gleason score of <6 in 71.4% and >6 in 28.6% of men, a predominant score of 3 and tumour staging of II in 85.7% men; 51.9% of untreated hypogonadal men had a positive biopsy, a Gleason score of <6 in 40.5% and >6 in 59.5% men, a predominant score of 3 (77.4%) and tumour staging of II (41.7%) or III (40.5%); 37.8% of eugonadal men had a positive biopsy, a Gleason score of <6 in 42.4% and >6 in 57.6% of men, a predominant score of 3 (82.6%) and tumour staging of II (44.7%) or III (47.7%). The incidence of positive prostate biopsies was lowest in hypogonadal men receiving TRT, with significantly lower severity of PCa in terms of staging and grading in the same group. These results suggest that TRT might have a protective effect against high-grade PCa. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group.
To assess the long-term safety of administering growth hormone (GH) in patients with GH deficiency due to treatment for childhood medulloblastoma and primitive neuroectodermal tumor (PNET). Data were retrospectively retrieved on children receiving GH supplementation, assessing their disease-free and overall survival outcomes and risk of secondary malignancies using Kaplan-Meier and Cox models. Overall 65 children were consecutively collected from May 1981 to April 2013. All patients had undergone craniospinal irradiation (total dose 18-39 Gy), and subsequently received GH for a median (interquartile range, IQR) of 81 (50.6-114.9) months. At a median (IQR) of 122.4 months (74.4-149.5) after the end of their adjuvant cancer treatment, two patients (3 %) experienced recurrent disease and 8 (12.3 %) developed secondary malignancies, all but one of them (an osteosarcoma) related to radiation exposure and occurring within the radiation fields. There was no apparent correlation between the administration of GH replacement therapy (or its duration) and primary tumor relapse or the onset of secondary malignancies [HR: 1.01 (95 % CI: 0.98, 1.03) for every additional 12 months of GH supplementation; p = 0.36]. At univariate analysis, the large cell or anaplastic medulloblastoma subtype, metastases and myeloablative chemotherapy correlated with a higher risk of secondary malignancies (p < 0.1), but multivariate analysis failed to identify any factors independently associated with this risk. Our data supports once more the safety of long-term GH replacement therapy in children treated for medulloblastoma/PNET, previously reported in larger data sets. The neurooncology community now need to warrant large-scale meta-analyses or international prospective trials in order to consolidate our knowledge of factors other than GH, such as genetic predisposition, high-grade/metastatic disease, high-dose chemotherapy and era of treatment, in promoting the occurrence of secondary malignancies. Copyright © 2016, Springer Science+Business Media New York.
Outcomes and toxicities in patients treated with definitive focal therapy for primary prostate cancer: Systematic review.
Embase
Future Oncology. 13 (7) (pp 649-663), 2017. Date of Publication: March 2017.
[Review]
AN: 614400239
Aim: This systematic review summarizes the clinical data on focal therapy (FT) when used alone as definitive therapy for primary prostate cancer (PCA). Methods: The protocol is detailed in the online PROSPERO database, registration No. CRD42014014765. Articles evaluating any form of FT alone as a definitive treatment for PCA in adult male patients were included. Results: Of 10,419 identified articles, 10,401 were excluded, and thus leaving 18 for analysis. In total, 2288 patients were treated using seven modalities. The outcomes of FT in PCA seem to be similar to those observed with whole gland therapy and with fewer side effects. Conclusion: Further research, including prospective randomized trials, is warranted to elucidate the potential advantages of focal radiation techniques for treating PCA. Copyright © 2016 Future Medicine Ltd.
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20170315

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2017

515.
Evaluating the content and quality of information about premature ejaculation on the Internet: what are men being exposed to?.

Gul M., Kaynar M.

Embase
Andrologia. 49 (2) (no pagination), 2017. Article Number: e12612. Date of Publication: 01 Mar 2017.

AN: 614376856

Premature ejaculation is one of the most common male sexual dysfunctions; however, only a few patients with premature ejaculation are seeking professional help or advice. Internet has become an important source of knowledge, and thus, more patients are looking online for health information. According to our best knowledge, no study has evaluated the content and quality of websites on premature ejaculation. We, therefore, aimed to evaluate the content and quality of currently available Internet-based information on premature ejaculation. A sample was obtained comprising the 50 top sites retrieved from Google, Bing and Yahoo search engines using the terms 'premature ejaculation'. Each site then was reviewed based on some predefined evaluation criteria to determine the general quality, condition-specific content quality, popularity index and ownership. The websites reviewed were differed highly in terms of quality and ownership. Only a few sites provided comprehensive medical and complete information on premature ejaculation. The online information available is often of uncertain calibre; therefore, men are being exposed to information about premature ejaculation with a highly variable degree quality. This fact should be considered both by health professionals and website owners, and better online resources should be provided for these patients. Copyright © 2016 Blackwell Verlag GmbH


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Publisher Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com)
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Year of Publication 2017
The prevalence of testosterone substitution as well as of androgen deprivation therapy in men is increasing. This review aims to summarise available knowledge of the effects of sex steroids on cardiac structure and function in men. MEDLINE was searched through PubMed. Original studies, systematic reviews and meta-analyses, and relevant citations were screened. A short-term hormonal intervention study in healthy young men with respect to echocardiographic parameters of structure and function was performed. Preclinical research provides sufficient evidence for the heart as a substrate for sex hormones. In animals, administration of oestradiol appears to have beneficial effects on cardiac structure and function, whereas administration of testosterone to noncastrated animals adversely affects cardiac function. However, the effects of sex steroids on cardiac function and structure appear more heterogeneous in human observational studies while comparative, prospective studies in humans are lacking. It is concluded that although effects of testosterone substitution as well as of androgen deprivation on cardiac structure and function can be expected based on pre-clinical research, there exists an important knowledge gap of the effects of hormonal intervention in men. As such, there is a need to address this question in future prospective intervention trials.
History of erectile dysfunction as a predictor of poor physical performance after an acute myocardial infarction.

Compostella L., Compostella C., Truong L.V.S., Russo N., Setzu T., Iliceto S., Bellotto F.


[Article]

AN: 614696112

Background Erectile dysfunction may predict future cardiovascular events and indicate the severity of coronary artery disease in middle-aged men. The aim of this study was to evaluate whether erectile dysfunction (expression of generalized macro- and micro-vascular pathology) could predict reduced effort tolerance in patients after an acute myocardial infarction. Patients and methods One hundred and thirty-nine male patients (60 +/- 12 years old), admitted to intensive cardiac rehabilitation 13 days after a complicated acute myocardial infarction, were evaluated for history of erectile dysfunction using the International Index of Erectile Function questionnaire. Their physical performance was assessed by means of two six-minute walk tests (performed two weeks apart) and by a symptom limited cardiopulmonary exercise test (CPET).

Results Patients with erectile dysfunction (57% of cases) demonstrated poorer physical performance, significantly correlated to the degree of erectile dysfunction. After cardiac rehabilitation, they walked shorter distances at the final six-minute walk test (490 +/- 119 vs. 564 +/- 94 m; p < 0.001); at CPET they sustained lower workload (79 +/- 28 vs. 109 +/- 34 W; p < 0.001) and reached lower oxygen uptake at peak effort (18 +/- 5 vs. 21 +/- 5 ml/kg per min; p = 0.003) and at anaerobic threshold (13 +/- 3 vs.16 +/- 4 ml/kg per min; p = 0.001). The positive predictive value of presence of erectile dysfunction was 0.71 for low peak oxygen uptake (<20 ml/kg per min) and 0.69 for reduced effort capacity (W-max <100 W). Conclusions As indicators of generalized underlying vascular pathology, presence and degree of erectile dysfunction may
predict the severity of deterioration of effort tolerance in post-acute myocardial infarction patients. In the attempt to reduce the possibly associated long-term risk, an optimization of type, intensity and duration of cardiac rehabilitation should be considered. Copyright © 2016 European Society of Cardiology.

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20170315
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2017

518.
Quality of life and functional outcome after infravesical desobstruction and HIFU treatment for localized prostate cancer.
Embase
BMC Urology. 17 (1) (pp 1-7), 2017. Date of Publication: 11 Jan 2017.
[Article]
AN: 614017487
Background: To evaluate quality of life, functional and oncological outcome after infravesical desobstruction and HIFU treatment for localized prostate cancer. Methods: One hundred thirty-one patients, treated with TURP and HIFU in a single institution were followed up for oncological and functional outcome. Oncological outcome was quantified by biochemical recurrence free survival using the Stuttgart and Phoenix criteria. Quality of life was assessed by usage of
standardized QLQ-C30 and QLQ-PR25 questionnaires. In addition, functional questionnaires such as IPSS and IIEF-5 were used. Complications were assessed by the Clavien-Dindo classification. Results: One hundred thirty-one patients with a mean age of 72.8 years (SD: 6.0) underwent HIFU for prostate cancer (29.0% low risk, 58.8% intermediate risk, 12.2% high risk). PSA nadir was 0.6 ng/ml (SD: 1.2) after a mean of 4.6 months (SD: 5.7). Biochemical recurrence free survival defined by Stuttgart criteria was 73.7%, 84.4% and 62.5% for low-, intermediate- and high-risk patients after 22.2 months. Complications were grouped according to Clavien-Dindo and occurred in 10.7% (grade II) and 11.5% (grade IIIa) of cases. 35.1% of patients needed further treatment for bladder neck stricture. Regarding incontinence, 14.3%, 2.9% and 0% of patients had de novo urinary incontinence grade I, II and III and 3.8% urge incontinence due to HIFU treatment. Patients were asked for the ability to have intercourse: 15.8%, 58.6% and 66.7% of patients after non-, onesided and bothsided nervesparing procedure were able to obtain sufficient erection for intercourse, respectively. Regarding quality of life, mean global health score according to QLQ-C30 was 69.4%. Conclusion: HIFU treatment for localized prostate cancer shows acceptable oncological safety. Quality of life after HIFU is better than in the general population and ranges within those of standard treatment options compared to literature. HIFU seems a safe valuable treatment alternative for patients not suitable for standard treatment. Copyright © 2017 The Author(s).
Efficacy and safety of testosterone replacement gel for treating hypogonadism in men: Phase III open-label studies.

Belkoff L., Brock G., Carrara D., Neijber A., Ando M., Mitchel J.

[Article In Press]

AN: 614765889

Efficacy and safety of testosterone gel 2% (TG) were evaluated in two phase 3, open-labelled, single-arm, multicentre studies (000023 and extension study 000077). Hypogonadal men having serum testosterone levels <300 ng/dl at two consecutive measurements were included. Study duration was 9 months (000023: 3 months; 000077: 6 months). Starting dose of TG (46 mg) was applied on upper arm/shoulder. The primary endpoint (000023) was responder rate (subjects with average 24-hour serum testosterone concentration 300-1050 ng/dl on Day 90). Study 000077 evaluated the safety of TG in patients rolling over from study 000023 over a period of 6 months. Of 180 subjects in 000023, 172 completed and 145 rolled over to 000077, with 127 completers. The responder rate was 85.5%. Fewer subjects in 000077 (12.7%) versus 000023 (31.8%) had maximum testosterone concentration (Cmax) >1500 ng/dl, with no significant safety concerns. Significant improvements in sexual function and quality of life were noted in both studies. Subjects experienced few skin reactions without notable increases in prostate-specific antigen and haematocrit levels. TG was efficacious with an acceptable safety profile. Cmax >1500 ng/dl did not exhibit distinct impact on safety parameters. However, further optimisation of titration schema to reduce Cmax is warranted while maintaining the average steady state total testosterone concentration. Copyright © 2017 Blackwell Verlag GmbH.

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ARTICLE IN PRESS

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20170315
High intensity focused ultrasound as first line salvage therapy in prostate cancer local relapse after radical prostatectomy: 4-year follow-up outcomes.

Palermo G., Totaro A., Sacco E., Foschi N., Gulino G., Racioppi M., Bassi P., Pinto F.

Embase
Minerva Urologica e Nefrologica. 69 (1) (pp 93-100), 2017. Date of Publication: February 2017.

[Article]
AN: 614691331

Background: Prostate cancer (PCa) is the most commonly diagnosed malignancy in men and the second leading cause of cancer death in developed countries. Despite the primary treatments, 20-30% of patients experience a recurrence. The main objective of this study was to evaluate the clinical efficacy of salvage high intensity focused ultrasound (HIFU) after radical prostatectomy in terms of biochemical free survival rate (BFSR) and PSA nadir. Methods: Twenty two patients with local recurrence of Pca after radical prostatectomy underwent HIFU as first-line salvage therapy. Considering that in all HIFU experiences, PSA nadir and PSA failure are different and PSA definition of BFSR is unknown, we defined treatment success as a PSA nadir <0.4 ng/mL 3 months after treatment. All early and late medical and surgical complications were recorded.

Results: Ten of the 22 patients (45.5%) were classified as "success" three months after HIFU, showing a nadir PSA<0.4 ng/mL; 12/22 patients (54.5%) were classified as "failure" during follow-up (median follow-up: 48 months). Seventeen of 22 (77%) patients were continent (no-pad) before HIFU. A new diagnosis of stress urinary incontinence was made in 5 cases (early onset) after treatment. A case of vesicoureteral anastomotic stenosis was treated, endoscopically through cold urethrotomy. We did not observe cases of recto-urinary fistula or persistent lower urinary tract symptoms. Two sevenths of the patients complained about de novo erectile dysfunction after HIFU. Conclusions: The positive oncologic outcomes in the short term anyway obtained in selected patients, associated with documented mild side effects, represent the basis to start more organic, prospective, randomized and multicenter study protocols, that with a long term follow-up could confirm these promising preliminary results. Copyright © 2017 Edizioni Minerva Medica.

Status
521.
Robotic assistedlaparoscopic radical prostatectomy followingtransrectal comparedto transperineal prostate biopsy: Surgical, oncological and functional outcomes.
Embase
[Article]
AN: 614691322
Background: To assess if transperineal prostate (TP) biopsy affects the outcome of robotic-assistedlaparoscopic prostatectomy (RALP), with particular reference to perioperative complications, oncological results and functional outcomes in the early postoperative setting.
Methods: We identified 61 men who had undergone RALP after TP biopsies, from June 2012 to June 2014 and a control group of 120 men who had undergone RALP after conventional TRUS biopsy in the same period. Data was compared from the pre-operative biopsy, peri- and postoperative period, procedural outcomes including histological, oncological and functional outcomes between the groups. Results: The groups had comparable demographics, with matched median ages and PSA levels. There was a higher incidence of Gleason 6 disease detected in the TRUS group (P=0.01). Mean operative time (146 minutes TRUS vs. 158 minutes TP, P=0.133), bloodloss (250 mLTRUS vs. 288 mLTP, P=0.462) and intraoperative complications were not significantly different between groups. Median length of stay (1 day) and median catheter duration (7 days) were identical in both cohorts. PSA failure rate at 6 months was similar (11.7%...
TRUS vs. 9.8% TP, P=0.904). There were no differences in functional outcomes (potency or continence) between groups at 6 months follow-up. Conclusions: RALP is safe after TP biopsy with no adverse impact on oncological or short-term functional outcomes. Copyright © 2017 Edizioni Minerva Medica.

Hypertriglyceridemic waist in type 1 diabetes patients: Prevalence and related factors.

Embase
Minerva Endocrinologica. 42 (1) (pp 1-7), 2017. Date of Publication: March 2017.
[Article]
AN: 614691150

Background: The hypertriglyceridemic waist has been linked to a higher number of cardiovascular risk factors and a greater probability of developing diabetes and cardiovascular disease. Around
50% of individuals with type 1 diabetes (T1D) are overweight or obese and triglyceridemia is associated with the onset of micro-and macrovascular complications. Methods: Across-sectional study was conducted in men with T1D to assess the association between the prevalence of hypertriglyceridemic waist and cardiovascular risk factors and hypogonadism. Triglyceride levels + abdominal circumference taken together were stratified into quartiles to identify the hypertriglyceridemic waist phenotype. Results: One hundred and eighty-one male patients were included. An increased prevalence of hypogonadism and hypertension in parallel to increased triglyceride + waist circumference quartile was observed. Patients in the highest quartile had higher insulin resistance measured by estimated glucose disposal rate (eGDR 7.8+/−2.1 mg/kg-1.min-1 in 1st quartile vs. 5.8+/−1.8 mg/kg-1.min-1 in 4th quartile, P=0.000), insulin requirements, hip circumference, percentage of fat mass, glycosilated hemoglobin and total and LDL cholesterol as well as lower levels of total testosterone (27.24+/−9.3 nmol/L in 1st quartile vs. 17.4+/−8 nmol/L in 4th quartile, P=0.000) and HDL cholesterol. An inverse relationship was found between triglycerides + waist circumference and total testosterone levels (R=-0.367, P<0.0001).

Conclusions: The hypertriglyceridemic waist in men with T1D is associated with an atherogenic lipid profile, hypertension, worse metabolic diabetes control, increased insulin resistance and a higher prevalence of hypogonadism. Copyright © 2016-2017 Edizioni Minerva Medica.

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Non response at week 4 as clinically useful indicator for antidepressant combination in major depressive disorder. A sequential RCT.


Embase


We aimed to compare the efficacy and tolerability of mirtazapine versus SSRIs and to assess whether "non-response at week 4" may be a clinical indicator for combining mirtazapine and SSRIs for subsequent treatment. One-hundred fifty-four outpatients with MDD were randomized to receive mirtazapine or SSRIs in step I (4 weeks). Non-responders in step I were randomly assigned to either mirtazapine or SSRIs monotherapy or their combination in step IIa while responders in step I continued the same monotherapy in step IIb for 4 weeks. In step I, mirtazapine showed significantly faster improvement as shown by higher remission rate at week 2 with NNT = 8 compared to SSRIs. Somnolence rate was higher in mirtazapine and nausea rate was higher in SSRIs. In step IIa, combination therapy showed a more favorable time course than SSRIs monotherapy. For subjects taking SSRIs in step I, combination therapy showed significant better improvement in the Hamilton Depression Rating (HAM-D) score both at week 6 (p = 0.006) and 8 (p = 0.013) than SSRIs monotherapy. About 80% of responders at week 4 could reach remission at week 8 and 64% of non-responders could not reach remission at week 8 for patients who continued monotherapy. When mirtazapine was added on for SSRIs non-responders at
week 4, the remission rate increased by 5% and HAM-D score improved by 4 points. While for mirtazapine non-responders, SSRIs add-on was not equally effective. Mirtazapine may provide a faster improvement and "non-response at week 4" may be indicator to mirtazapine add-on for patients receiving SSRIs. Copyright © 2017 Elsevier Ltd

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2017

524.
Cauda Equina Syndrome: presentation, outcome, and predictors with focus on micturition, defecation, and sexual dysfunction.
Korse N.S., Pijpers J.A., van Zwet E., Elzevier H.W., Vleggeert-Lankamp C.L.A.
Embase
European Spine Journal. 26 (3) (pp 894-904), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 614148197
Background: Even though micturition, defecation, and sexual function are substantially affected in cauda equina syndrome (CES), data on outcome are scarce. Methods: Medical files of patients operated on lumbar herniated disc were screened for CES and retrospectively analyzed for baseline characteristics, outcome of micturition, defecation, and sexual function and possible predictors. Results: Seventy-five CES patients (52% men) were included with a mean age of 44 years. L5-S1 was the most common affected level. Duration of CES complaints at presentation was, on average, 84 h (median 48 h). Prevalence of symptoms at presentation: sciatica (97%),
altered sensation of the saddle area (93%), micturition dysfunction (92%), and defecation dysfunction (74%). Only 26 patients were asked about sexual dysfunction of whom 25 patients experienced dysfunction. Female gender was associated with more defecation dysfunction at presentation than male gender (OR 4.11; \( p = 0.039 \)). All patients underwent decompressive surgery. Two post-operative follow-up (FU) moments took place after a mean of 75 h and 63 days. Outcomes at second FU moment: micturition dysfunction 48%, defecation dysfunction 42%, sexual dysfunction 53%, sciatica 48%, and altered sensation of the saddle area 57%. A shorter time to decompression was associated with more sciatica at FU 1 (\( p = 0.042 \)) which effect had disappeared at FU 2. Conclusion: This study is unique in (1) displaying the presenting features in a large cohort of CES patients, (2) demonstrating that recovery after decompression is slow and far from complete in the majority of patients with regard to micturition, defecation, and sexual function and (3) evaluating predictors for outcome. Copyright © 2017, The Author(s).

Androgen Treatment Effects on Motor Function, Cognition, and Behavior in Boys with Klinefelter Syndrome.
Ross J.L., Kushner H., Kowal K., Bardsley M., Davis S., Reiss A.L., Tartaglia N., Roeltgen D.
Embase
Objectives: To examine the effects of early low-dose androgen on motor, cognitive, and behavioral function in prepubertal boys with Klinefelter syndrome (47,XXY). Study design: Double-blind trial of 84 boys, ages 4-12 years, randomized to oxandrolone (Ox; 0.06 mg/kg daily; n = 43) or placebo (Pl; n = 41) for 24 months. Standardized assessments were performed at baseline and every 12 months for 24 months evaluating motor, cognitive, and behavioral function. Results: The 24-month outcomes were better in the Ox vs. Pl group on 1 of 5 primary endpoints (motor function/strength): Bruininks Visual-Motor scale (P = .005), without significant differences between the 2 groups for the other 4 components. Secondary analyses suggested improvement in the Ox vs. Pl group in the anxiety/depression (P = .03) and social problems (P = .01) scales on the Child Behavior Checklist, anxiety (P = .04) on the Piers Harris Self Concept Scale, and interpersonal problems (P = .02) on the Children's Depression Inventory, without significant differences in hyperactive or aggressive behaviors. Conclusions: This double-blind, randomized trial demonstrates that 24 months of childhood low-dose androgen treatment in boys with Klinefelter syndrome benefited 1 of 5 primary endpoints (visual-motor function). Secondary analyses demonstrated positive effects of androgen on aspects of psychosocial function (anxiety, depression, social problems), without significant effects on cognitive function, or hyperactive or aggressive behaviors. Trial registration: ClinicalTrials.gov: NCT00348946. Copyright © 2017 Elsevier Inc.

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20170314

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2017
Sex Hormones and Sex Chromosomes Cause Sex Differences in the Development of Cardiovascular Diseases.
Arnold A.P., Cassis L.A., Eghbali M., Reue K., Sandberg K.
Embase
[Article In Press]
AN: 614744763
This review summarizes recent evidence concerning hormonal and sex chromosome effects in obesity, atherosclerosis, aneurysms, ischemia/reperfusion injury, and hypertension. Cardiovascular diseases occur and progress differently in the 2 sexes, because biological factors differing between the sexes have sex-specific protective and harmful effects. By comparing the 2 sexes directly, and breaking down sex into its component parts, one can discover sex-biasing protective mechanisms that might be targeted in the clinic. Gonadal hormones, especially estrogens and androgens, have long been found to account for some sex differences in cardiovascular diseases, and molecular mechanisms mediating these effects have recently been elucidated. More recently, the inherent sexual inequalities in effects of sex chromosome genes have also been implicated as contributors in animal models of cardiovascular diseases, especially a deleterious effect of the second X chromosome found in females but not in males. Hormonal and sex chromosome mechanisms interact in the sex-specific control of certain diseases, sometimes by opposing the action of the other. Copyright © 2017 American Heart Association, Inc.

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Publisher
Exploring the association between eating disorders and gender dysphoria in youth.
Feder S., Isserlin L., Seale E., Hammond N., Norris M.L.
Embase
[Article In Press]
AN: 614744210
This study reviews the overlap between eating disorders (EDs) and gender dysphoria (GD) in an adolescent population. A retrospective chart review was conducted on a clinical population presenting for concerns of GD. It was noted that five of the 97 patients had been found to be suffering from an ED at presentation. An additional 10 patients were noted to have ED-related symptoms. Although ED risk was elevated in trans males and females, absolute risk was higher in trans males when compared to population based prevalence rates. Our results suggest that rates of EDs and ED-related symptoms are high in patients presenting with GD, and that standard screening for these symptoms should be considered in both populations at assessment and over the course of treatment. Copyright © 2017 Taylor & Francis
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Publisher
Routledge (E-mail: aabs@uw.edu)
Date Created
Mean platelet volume, platelet distribution width and platelet count in erectile dysfunction: A systematic review and meta-analysis.
Embase
[Article In Press]
AN: 614743554
The aim of this study was to investigate the relationship between mean platelet volume (MPV), platelet distribution width (PDW), platelet count (PC) and erectile dysfunction (ED). We searched for observational studies from PubMed, EMBASE, Web of Science and CNKI up to 31 March 2016. Two reviewers independently selected the studies and extracted the data. MPV, PDW, and PC and mean differences in these platelet indices between healthy subjects and ED patients were explored using the Comprehensive Meta-Analysis software package. Seven studies including 795 patients and 524 healthy subjects met the inclusion criteria. The MPV was significantly larger in patients with ED than controls with the standardised mean difference of 0.596 fL (95% CI: 0.378, 0.815, p < 0.001). In ED patients, the pooled mean difference in MPV between vasculogenic ED patients and nonvasculogenic ED patients was 0.706 fL in case-control studies (95% CI: 0.410, 1.002, p < 0.001). There was no significant difference in PDW and PC between healthy subjects and ED patients. The available data suggest that larger MPV was associated with ED. Patients with vasculogenic ED tend to have higher MPV than nonvasculogenic ED patients. Further studies are needed to assess whether increased MPV in ED patients is associated with increased cardiovascular disease. Copyright © 2017 Blackwell Verlag GmbH.
Status
ARTICLE IN PRESS
Institution
(Ren, Yang, Liao, Liu, Lu, Wei, Liu, Dong) Department of Urology Institute of Urology West China Hospital of Sichuan University Chengdu, Sichuan China (Ren) Department of Evidence-Based
Men's sexual response to female partner's intranasal oxytocin administration for hypoactive sexual desire disorder: an open prospective cohort study.


Embase
Fertility and Sterility. 107 (3) (pp 781-787.e3), 2017. Date of Publication: 01 Mar 2017.

Objective To study sexual function, quality of life, and depression in men, whose female partners are undergoing double-blind placebo-controlled randomized treatment for hypoactive sexual desire disorder (HSDD). Design Open prospective cohort study of 22 weeks. Setting Academic medical center. Patient(s) Male partners of 30 premenopausal and postmenopausal women with HSDD. Intervention(s) Baseline, 3-month, and 5-month assessment (for 8 weeks each) of male response to female partner's use of oxytocin nasal spray (32 IE) and placebo within 50 minutes before sexual intercourse. Main Outcome Measure(s) Primary outcome parameters were Sexual Life Quality Questionnaire-Male, Sexual Activity Record, Partner Performance Questionnaire, and Hamilton Depression Scale. Result(s) Male Sexual Life Quality questionnaire improved significantly from -7.4 +/- 9.9 at baseline to 8.2 +/- 12 with female partners' treatment with oxytocin nasal spray and to 10.8 +/- 13.8 with placebo. Frequency of intercourse improved slightly but not significantly from 6.3 +/- 3.9 at baseline to 7.3 +/- 4 with female oxytocin therapy, but not with placebo. Male desire and arousal remained stable throughout the study period. Evaluation of female partners' performance by men improved significantly from 8.9 +/- 2.8 at baseline to 10.6 +/- 2.2 with oxytocin and to 11.2 +/- 2.6 with placebo. Conclusion(s) Female
treatment with either oxytocin or placebo for HSDD significantly improves male sexual quality of life and evaluation of female partner's sexual performance with no difference between oxytocin and placebo on any outcome parameters. A nonsignificant improvement was seen in the frequency of intercourse, male arousal, desire, satisfaction, and Hamilton depression scale. Clinical Trial Registration Number NCT02229721. Copyright © 2016 American Society for Reproductive Medicine

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2017

530.
Symptom Burden in Advanced Soft-Tissue Sarcoma.
Gough N., Koffman J., Ross J.R., Riley J., Judson I.

Embase
[Article]
AN: 614374071
Context There is little information on symptom prevalence and severity in advanced soft-tissue sarcoma (STS). Understanding symptom burden will aid clinical consultations, clarify which symptom interventions are needed, and better define optimum timings of palliative and supportive
care referrals. Objectives To describe symptom prevalence and severity in patients undergoing different treatment options for advanced STS: 1) first-line palliative chemotherapy (FLC), 2) active surveillance (AS) pre- and post-FLC, and 3) palliative care (PC) alone. Methods Cross-sectional survey in one sarcoma center using the patient-reported Memorial Symptom Assessment Scale-Short Form (MSAS-SF). Symptom prevalence, severity, and MSAS-SF subscales were recorded before commencing a new treatment. Our results were compared with other MSAS-SF cancer and noncancer data. Results One-hundred and thirteen patients (mean age, 59 years) were recruited. Forty-two commenced FLC, 27 started AS pre-FLC, 24 AS post-FLC, and 20 PC alone. Median overall number of reported symptoms was 11 (range 1-31): which when stratified by treatment meant AS pre-FLC < AS post-FLC < FLC < PC alone (most symptomatic). The commonest physical symptoms were pain (77%; 95% CI 68-84), lack of energy (73%; CI 63-81) difficulty sleeping (56%; CI 46-65), feeling bloated (49%; CI 39-58), and dyspnea (49%; CI 39-58). Distress levels were commensurated with prevalence except for dyspnea, which was disproportionally less distressing. Psychological distress was moderate (mean MSAS-PSYCH: 1.39) but higher than comparative cancer data. Conclusion Advanced STS patients have a clinically important symptom burden comparable to other cancers. Common symptoms should be screened and addressed appropriately, including timely PC involvement. Copyright © 2017 American Academy of Hospice and Palliative Medicine Status EMBASE Institution (Gough, Ross, Riley) Royal Marsden and Royal Brompton Palliative Care Service, Royal Marsden NHS Foundation Trust, London, United Kingdom (Gough, Judson) The Institute of Cancer Research, London, United Kingdom (Koffman) Department of Palliative Care, Policy and Rehabilitation, Kings College London, Cicely Saunders Institute, London, United Kingdom (Ross, Riley) National Heart and Lung Institute, Imperial College, London, United Kingdom (Judson) Sarcoma Unit, Royal Marsden NHS Foundation Trust, London, United Kingdom Publisher Elsevier Inc. (E-mail: usjcs@elsevier.com) Date Created 20170310 Year of Publication 2017
Acute recapitulation of the hyperinsulinemia and hyperlipidemia characteristic of metabolic syndrome suppresses gonadotropins.


Embase

Obesity. 25 (3) (pp 553-560), 2017. Date of Publication: 01 Mar 2017.

[Article]

AN: 614485569

Objective: To determine the effect of lipid/heparin versus saline infusion, with or without concurrent euglycemic hyperinsulinemia, on serum follicle-stimulating hormone (FSH) and luteinizing hormone (LH). Obesity is associated with hyperlipidemia, insulin resistance, and relative hypogonadotropic hypogonadism. It was hypothesized that acutely elevated fatty acids and insulin would impair gonadotropin secretion. Methods: Regularly cycling women and men without obesity underwent a crossover 6-hour infusion study over four visits. Participants received infusions of saline-control, lipid/heparin, insulin, and lipid/heparin plus insulin. Serum FSH and LH were measured by immunoassay. Results: In women (n = 10), infusion of lipid plus insulin significantly reduced LH, from 4.6 IU/L (3.7-5.4) (mean [95% confidence interval]) to 3.3 IU/L (2.3-4.4); P = 0.03, and FSH, from 3.9 IU/L (3.2-4.6) to 3.1 IU/L (2.3-3.8); P = 0.03, compared to saline-control. Similarly, in men (n = 10), LH, 3.3 IU/L (2.4-4.1), and FSH, 2.1 IU/L (1.4-2.8), were significantly reduced after the combined infusion (2.2 [1.3-3.1] IU/L and 1.5 [0.8-2.1] IU/L; P = 0.03, P = 0.02, respectively). Neither lipid nor insulin alone significantly impacted gonadotropin levels compared to saline-control. Conclusions: Hyperinsulinemia combined with elevated lipids acutely suppresses LH and FSH, providing a possible mechanism underlying the relative hypogonadotropic hypogonadism of obesity. Effects of insulin on the hypothalamic-pituitary-gonadal axis may be dependent on the concomitant metabolic environment. Copyright © 2017 The Obesity Society
Clinical and laboratory profile of patients with sickle cell anemia.

Objective This study aimed to describe and analyze clinical and laboratory characteristics of patients with sickle cell anemia treated at the Hemominas Foundation, in Divinopolis, Brazil. Furthermore, this study aimed to compare the clinical and laboratory outcomes of the group of patients treated with hydroxyurea with those patients that were not treated with hydroxyurea.

Methods Clinical and laboratorial data were obtained by analyzing medical records of patients with sickle cell anemia. Results Data from the medical records of 50 patients were analyzed. Most of the patients were female (56%), aged between 20 and 29 years old. Infections, transfusions, cholecystectomy, splenectomy and systemic arterial hypertension were the most common clinical adverse events of the patients. The most frequent cause of hospitalization was painful crisis. The majority of patients had reduced values of hemoglobin and hematocrit (8.55 +/- 1.33 g/dL and 25.7 +/- 4.4%, respectively) and increased fetal hemoglobin levels (12 +/- 7%). None of the clinical variables was statistically significant on comparing the two groups of patients. Among hematological variables only hemoglobin and hematocrit levels were statistically different between patients treated with hydroxyurea and untreated patients (p-value = 0.005 and p-value = 0.001, respectively). Conclusion Sickle cell anemia requires treatment and follow-up by a
multiprofessional team. A current therapeutic option is hydroxyurea. This drug reduces complications and improves laboratorial parameters of patients. In this study, the use of the drug increased the hemoglobin and hematocrit levels of patients. Copyright © 2016 Associacao Brasileira de Hematologia, Hemoterapia e Terapia Celular

Effect of soy in men with type 2 diabetes mellitus and subclinical hypogonadism: A randomized controlled study.
Sathyapalan T., Rigby A.S., Bhasin S., Thatcher N.J., Kilpatrick E.S., Atkin S.L.

Embase

Context: Isoflavones found in soy products have a chemical structure similar to estrogen, leading to concerns of an adverse estrogenic effect in men, particularly in those with type 2 diabetes mellitus (T2DM) who have low testosterone levels due to hypogonadism. Objective: The primary outcome was change in total testosterone levels. The secondary outcomes were the changes in glycemia and cardiovascular risk markers. Design: This was a randomized double-blind parallel study. Setting: This study occurred in a secondary care setting in United Kingdom. Participants: Two hundred men with T2DM and a total testosterone level <12 nmol/L were included.
Intervention: Fifteen grams of soy protein with 66 mg of isoflavones (SPI) or 15 g soy protein alone without isoflavones (SP) daily as snack bars for 3 months were administered. Results: There was no change in either total testosterone or in absolute free testosterone levels with either SPI or SP. There was an increase in thyrotropin (TSH) and reduction in free thyroxine (fT4; P < 0.01) after SPI supplementation. Glycemic control improved with a significant reduction in hemoglobin A1c (24.19 [7.29]mmol/mol, P < 0.01) and homeostasis model of assessment - insulin resistance after SPI. Cardiovascular risk improved with a reduction in triglycerides, C-reactive protein, and diastolic blood pressure (DBP; P < 0.05) with SPI vs SP supplementation. There was a 6% improvement in 10-year coronary heart disease risk after 3 months of SPI supplementation. Endothelial function improved with both SPI and SP supplementation (P < 0.01), with an increased reactive hyperemia index that was greater for the SPI group (P < 0.05). Conclusions: Testosterone levels were unchanged and there was a substantial improvement in glycaemia and cardiovascular risk markers with SPI compared with SP alone over 3 months. There was also a substantial increase in TSH and a reduction in fT4. Copyright © 2017 by the Endocrine Society.

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Publisher
Endocrine Society (E-mail: mzendell@endo-society.org)
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Disruption of aromatase homeostasis as the cause of a multiplicity of ailments: A comprehensive review.
Patel S.
Embase
[Review]
AN: 614278230
Human health is beset with a legion of ailments, which is exacerbated by lifestyle errors. Out of the numerous enzymes in human body, aromatase, a cytochrome P450 enzyme is particularly very critical. Occurring at the crossroads of multiple signalling pathways, its homeostasis is vital for optimal health. Unfortunately, medications, hormone therapy, chemical additives in food, and endocrine-disrupting personal care products are oscillating the aromatase concentration beyond the permissible level. As this enzyme converts androgens (C19) into estrogens (C18), its agitation has different outcomes in different genders and age groups. Some common pathologies associated with aromatase disruption include breast cancer, prostate cancer, polycystic ovary syndrome (PCOS), endometriosis, osteoporosis, ovarian cancer, gastric cancer, pituitary cancer, Alzheimer’s disease, schizophrenia, male hypogonadism, and transgender issues. Several drugs, cosmetics and pesticides act as the activators and suppressors of this enzyme. This carefully-compiled critical review is expected to increase public awareness regarding the threats resultant of the perturbations of this enzyme and to motivate researchers for further investigation of this field. Copyright © 2017 Elsevier Ltd
Status
EMBASE
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Introduction The epidemiologic characteristics of erectile dysfunction (ED) in mainland China remain incompletely understood. Aim To evaluate the overall prevalence and determine the severity of ED in mainland China. Methods An extensive database search was performed of PubMed, Embase, the Chinese National Knowledge Infrastructure (CNKI) database, the WanFang database, the Chinese Biological Medical Literature (CBM) database, and the Chongqing VIP using the following terms: erectile dysfunction, prevalence, epidemiology, epidemiological, and China. Study quality was assessed using the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines. Data were pooled for the random-effects model. Sensitivity analyses were conducted to assess potential bias. Main Outcome Measures All survey studies reporting on the prevalence of ED in mainland China were included. Data extraction was performed independently by two of the authors, and conflicts were resolved by another author. Results Of 2,155 retrieved articles, 25 were included in this meta-analysis with a total of 48,254 participants. The pooled prevalence of ED in men was 49.69% (95% CI = 39.29-60.10). The occurrence rates of ED in age groups younger than 30, 30 to 39, 40 to 49, 50 to 59, 60 to 69, and at least 70 years were 20.86%, 25.30%, 40.48%, 60.12%, 79.10%, and 93.72%, respectively. The severity-specific prevalences of mild, moderate, and severe ED were 32.54%, 9.86%, and 13.97%, respectively. Moreover, the prevalences reported by different diagnostic methods were 14.19% for self-reports, 44.60% for the Chinese Index of Erectile Function, and 49.91% for the International Index of Erectile Function-5. The prevalence map based on a geographic information system showed an unequal geographic distribution. Conclusion ED is highly prevalent in mainland China, and its prevalence increases with age. More high-quality surveys on ED with larger samples throughout mainland China are needed to confirm these findings.
Outcomes of anastrozole in oligozoospermic hypoandrogenic subfertile men.
Shoshany O., Abhyankar N., Mufarreh N., Daniel G., Niederberger C.

Embase
Fertility and Sterility. 107 (3) (pp 589-594), 2017. Date of Publication: 01 Mar 2017.

Objective To determine whether the change in sperm parameters in subfertile hypoandrogenic men treated with anastrozole is correlated to the magnitude of increase in testosterone (T) to estrogen ratio in men responding to treatment. Design Retrospective study. Setting Male fertility clinic. Patient(s) The study group consisted of 86 subfertile hypoandrogenic men with low T/estradiol (E2) ratio (n = 78) or a prior aversive reaction to clomiphene citrate (n = 8). Intervention(s) All patients were treated with 1 mg anastrozole daily, administered orally. Main Outcome Measure(s) Hormone analysis and semen analysis before and after treatment were performed. Hormone analysis included measurements of total T, E2, sex-hormone binding globulin, albumin, FSH, and LH, and bioavailable T was calculated. Total motile sperm count was calculated from the semen analysis. Result(s) In all, 95.3% of patients had an increased serum T and decreased serum E2 after treatment with anastrozole. Sperm concentration and total motile counts improved in 18 of 21 subfertile hypoandrogenic oligozoospermic men treated with anastrozole. In these men the magnitude of total motile count increase was significantly
correlated with the change in the T/E2 ratio. No improvement was seen in semen parameters of men with azoospermia, cryptozoospermia, or normozoospermia at presentation. Conclusion(s) Approximately 95% of men with hypoandrogenism responded with improved endocrine parameters, and a subset of oligozoospermic men (approximately 25% of all patients) displayed significantly improved sperm parameters. In that subset, increase in sperm parameters was correlated with the change in the T/E2 ratio, which argues for a physiologic effect of treatment.

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537.
Reproductive hormones of ICSI-conceived young adult men: The first results.
Belva F., Roelants M., De Schepper J., Van Steirteghem A., Tournaye H., Bonduelle M. 
Embase
[Article] 
AN: 614691099
STUDY QUESTION: Are reproductive hormone levels (FSH, LH, inhibin B and testosterone) in male offspring conceived by ICSI because of male infertility comparable with those from peers born after spontaneous conception? SUMMARY ANSWER: In this cohort of 54 young men conceived by ICSI because of male-factor infertility, mean and median reproductive hormone
levels were found to be comparable with results from spontaneously conceived peers, but ICSI-conceived men were more likely to have low inhibin B (< 10th percentile) and high FSH (>90th percentile) levels. WHAT IS KNOWN ALREADY: Since the worldwide oldest ICSI offspring have recently reached young adulthood, their reproductive health can now be investigated. This typically involves semen analysis and a hormonal profiling including the measurement of FSH, LH, inhibin B and testosterone. Circulating levels of FSH and inhibin B are generally known as markers of the exocrine function of the testis, i.e. spermatogenesis, while LH and testosterone reflect its endocrine function. We have previously observed a normal pubertal development and comparable levels of inhibin B and testosterone among pubertal ICSI boys when compared to spontaneously conceived peers. However, at present, information on the gonadal function of ICSI offspring in adulthood is still lacking. STUDY DESIGN, SIZE, DURATION: This study, conducted between March 2013 and April 2016 at the UZ Brussel, is part of a larger follow-up project focusing on reproductive and metabolic health of young adults between 18 and 22 years and conceived after ICSI because of male infertility. The ICSI men are part of a longitudinally followed cohort while the spontaneously conceived controls were recruited cross-sectionally. PARTICIPANTS/MATERIALS, SETTING, METHODS: Results of a single fasting blood sample from 54 young adult ICSI men were compared to that of 57 spontaneously conceived peers. Reproductive hormone analysis involved FSH, LH, testosterone and inhibin B measurement. Furthermore, the association between their reproductive hormones and their sperm parameters was examined. Data were analyzed by multiple linear and logistic regression adjusted for covariates. MAIN RESULTS AND THE ROLE OF CHANCE: ICSI men had comparable mean levels of FSH, LH, testosterone and inhibin B in comparison to spontaneously conceived counterparts, even after adjustment for confounders, such as age, BMI and season. Young ICSI-conceived men were more likely to have inhibin B levels below the 10th percentile (< 125.2ng/l; Adjusted Odds Ratio (AOR) 4.0; 95% CI: 0.9-18.4; P = 0.07) compared with spontaneously conceived peers and were more likely to have FSH levels above the 90th percentile (>5.5 IU/L; AOR 3.3; 95% CI: 0.9-11.9; P = 0.06) compared with spontaneously conceived peers, but neither difference reached statistical significance. FSH, LH and inhibin B, but not testosterone, levels were significantly associated with sperm concentration and total sperm count. LIMITATIONS, REASONS FOR CAUTION: The main limitation is the small study population. Furthermore, the results of this study should be interpreted according to the background of the participants: all subjects in our study group were conceived by ICSI because of severe male infertility and hence the results cannot be generalized to all ICSI offspring because the indications for performing ICSI have since been widened. WIDER IMPLICATIONS OF THE FINDINGS: These first results in a small group of ICSI men show reassuring reproductive hormonal levels. However, larger studies are required to confirm our results. Since inhibin B and FSH are consistently correlated with semen characteristics, we would suggest that the reproductive status of young adults conceived
by ICSI is explored with a hormonal assessment given its easier acceptance compared to semen sampling. Copyright © The Author 2016. Published by Oxford University Press on behalf of the European Society of Human Reproduction and Embryology. All rights reserved.

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538.
SMAD3 Regulates follicle-stimulating hormone synthesis by pituitary gonadotrope cells in vivo.
Li Y., Schang G., Boehm U., Deng C.-X., Graff J., Bernard D.J.

Embase

[Article]
AN: 614373090

Pituitary follicle-stimulating hormone (FSH) is an essential regulator of fertility in females and of quantitatively normal spermatogenesis in males. Pituitary-derived activins are thought to act as major stimulators of FSH synthesis by gonadotrope cells. In vitro, activins signal via SMAD3, SMAD4, and forkhead box L2 (FOXL2) to regulate transcription of the FSHbeta subunit gene (Fshb). Consistent with this model, gonadotrope-specific Smad4 or Foxl2 knock-out mice have greatly reduced FSH and are subfertile. The role of SMAD3 in vivo is unresolved; however,
residual FSH production in Smad4 conditional knock-out mice may derive from partial compensation by SMAD3 and its ability to bind DNA in the absence of SMAD4. To test this hypothesis and determine the role of SMAD3 in FSH biosynthesis, we generated mice lacking both the SMAD3 DNA binding domain and SMAD4 specifically in gonadotropes. Conditional knock-out females were hypogonadal, acyclic, and sterile and had thread-like uteri; their ovaries lacked antral follicles and corpora lutea. Knock-out males were fertile but had reduced testis weights and epididymal sperm counts. These phenotypes were consistent with those of Fshb knock-out mice. Indeed, pituitary Fshb mRNA levels were nearly undetectable in both male and female knock-outs. In contrast, gonadotropin-releasing hormone receptor mRNA levels were significantly elevated in knock-outs in both sexes. Interestingly, luteinizing hormone production was altered in a sex-specific fashion. Overall, our analyses demonstrate that SMAD3 is required for FSH synthesis in vivo. Copyright © 2017 by The American Society for Biochemistry and Molecular Biology, Inc.
Embase
[Article]
AN: 614679065
Purpose: Men affected by multiple sclerosis often experience neurogenic overactive bladder (OAB), lower urinary tract symptoms and erectile dysfunction (ED). The aim of the study was to investigate modifications of urinary and sexual functions after administration of daily tadalafil (TAD) 5 mg. Methods: Twenty men were enrolled in a single-blind, 4-week prospective study while 10 men without treatment served as controls. Primary outcomes were changes from baseline of International Prostate Symptom (IPSS), OAB questionnaire (OAB-q-short form) and International Index of Erectile Function (IIEF-5) scores. To evaluate the influence of bladder filling on somatic reflexes, we studied variations of the H-reflex evoked by electrical stimuli applied to the tibial nerve at the popliteal fossa and recorded from the soleus muscle. Also testosterone/estradiol (T/E) ratio was measured before and after treatment. Results: In TAD group, an improvement in IPSS (p < 0.001), OAB-q (p < 0.001) and IIEF-5 (p < 0.001) scores was found. Also, an increase in Qmax (p < 0.01) and T/E ratio (p < 0.01) was found with a concomitant reduction in post-void residual volume (p < 0.001) without any changes in the H-reflex. Conclusions: The study demonstrates for the first time that daily TAD in patients with multiple sclerosis improves storage symptoms, post-void residual volume, steroid hormone pattern and ED without urodynamic changes. Copyright © 2016, Italian Society of Endocrinology (SIE).
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Crizanlizumab for the prevention of pain crises in sickle cell disease.

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BACKGROUND The up-regulation of P-selectin in endothelial cells and platelets contributes to the cell-cell interactions that are involved in the pathogenesis of vaso-occlusion and sickle cell-related pain crises. The safety and efficacy of crizanlizumab, an antibody against the adhesion molecule P-selectin, were evaluated in patients with sickle cell disease. METHODS In this double-blind, randomized, placebo-controlled, phase 2 trial, we assigned patients to receive low-dose crizanlizumab (2.5 mg per kilogram of body weight), high-dose crizanlizumab (5.0 mg per kilogram), or placebo, administered intravenously 14 times over a period of 52 weeks. Patients who were receiving concomitant hydroxyurea as well as those not receiving hydroxyurea were included in the study. The primary end point was the annual rate of sickle cell-related pain crises with high-dose crizanlizumab versus placebo. The annual rate of days hospitalized, the times to first and second crises, annual rates of uncomplicated crises (defined as crises other than the acute chest syndrome, hepatic sequestration, splenic sequestration, or priapism) and the acute chest syndrome, and patient-reported outcomes were also assessed. RESULTS A total of 198 patients underwent randomization at 60 sites. The median rate of crises per year was 1.63 with high-dose crizanlizumab versus 2.98 with placebo (indicating a 45.3% lower rate with high-dose crizanlizumab, \( P = 0.01 \)). The median time to the first crisis was significantly longer with high-dose crizanlizumab than with placebo (4.07 vs. 1.38 months, \( P = 0.001 \)), as was the median time to the second crisis (10.32 vs. 5.09 months, \( P = 0.02 \)). The median rate of uncomplicated crises per year was 1.08 with high-dose crizanlizumab, as compared with 2.91 with placebo (indicating a 62.9% lower rate with high-dose crizanlizumab, \( P = 0.02 \)). Adverse events that occurred in 10% or more of the patients in either active treatment group and at a frequency that was at least twice
as high as that in the placebo group were arthralgia, diarrhea, pruritus, vomiting, and chest pain.

CONCLUSIONS In patients with sickle cell disease, crizanlizumab therapy resulted in a significantly lower rate of sickle cell-related pain crises than placebo and was associated with a low incidence of adverse events.  

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Sexsomnia: A specialized non-REM parasomnia?


Embase

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Introduction: To describe patients with sexsomnia and to contrast their clinical and sleep measures with those of healthy controls and sleepwalkers. Aims and Methods: Subjects referred for sexsomnia and for sleepwalking/night terror were interviewed, completed the Paris Arousal Disorder Severity Scale (PADSS), and were monitored 1-2 nights with video-polysomnography.

Results: Seventeen patients (70.6% male, aged 17-76 years) had sexsomnia, with amnestic fondling of the bed partner (n = 11), complete sexual intercourse (n = 8), masturbation (n = 8), and spontaneous orgasm (n = 1). The sexual behaviors were more direct during sleep than during wakefulness (n = 12), leading to 6 sexual assaults, including intra-conjugal rape (n = 3), assault of a family member (n = 2), rape of a friend (n = 1), and forensic consequences (n = 2). In 47% of sexsomnia patients, there was a history or current occurrences of sleepwalking/night terrors. Patients with sexsomnia had more N3 awakenings than healthy matched controls and the same amount as regular sleepwalkers. Half of them presented evidence of cortico-cortical dissociation, including concomitant slow (mostly frontal) and rapid (mostly temporal and occipital) electroencephalography (EEG) rhythms, with concomitant N3 penile erection in 1 case. Of 89 sleepwalkers, 10% had previous episodes of amnestic sexual behaviors, with a higher PADSS-A score and a trend of a higher total PADSS score than the 80 sleepwalkers without sexsomnia.

Conclusion: In this single-center series, we confirmed the male predominance of sexsomnias and its potential for severe clinical and forensic consequences. The results suggest a continuum of regular sleepwalking, sleepwalking with occasional sexsomnia, and quasi-exclusive sexsomnia.

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Publisher
The influence of comorbidities on the aging males' symptoms scale in patients with erectile dysfunction.

Panach-Navarrete J., Martinez-Jabaloyas J.M.

Embase


[Article In Press]

AN: 614734630

Objectives: To investigate if certain common age-related comorbidities are related with a positive aging males' symptoms (AMS) test outcome. Methods: This was a multicentric, transversal, observational study carried out in a male population with erectile dysfunction. Comorbidities and testosterone levels were registered. The relationship between comorbidities, testosterone levels, and the AMS test outcomes was studied using the global score and the sub-scale score components. Results: The study included 1112 patients. In the multivariate analysis the global score strongly correlated with TT<12nmol/L (odds ratio [OR]=3.17; p<0.05), psychiatric disorders (OR=2.73), dyslipidemia (OR=2.07) and diabetes mellitus (OR=1.64); the somatic sub-component was related to obesity (OR=8.62), dyslipidemia (OR=2.2) and TT<12nmol/L (OR=2.09); the psychogenic sub-component correlated with psychiatric disorders (OR=3.73), stress (OR=2.42), dyslipidemia (OR=1.78) and TT<12nmol/L (OR=1.77); and the sexual sub-component was associated with high blood pressure (OR=2.94). Conclusion: Although the AMS test is related to low levels of testosterone, it is also of some limited use for diagnosing hypogonadism because it has low specificity and is influenced by pathologies that are frequent during ageing. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group.
Association of the modified frailty index with adverse outcomes after penile prosthesis implantation.

Madbouly K., AlHajeri D., Habous M., Binsaleh S.

Embase
Aging Male. (pp 1-6), 2017. Date of Publication: 24 Feb 2017.
[Article In Press]
AN: 614708419

Objectives: To investigate frailty as a predictor of surgical outcome in elderly patients undergoing penile prosthesis implantation. Material and methods: A total of 54 elderly patients, above 60 years of age, underwent penile prosthesis implantation between 2012 and 2014. Their data were collected and retrospectively analyzed. A modified frailty index (mFI) was calculated for each patient based on 11 risk factors from the Canadian Study of Health and Aging Frailty Index. The 1-year adverse outcomes were correlated with mFI, patients' and procedure's risk factors.

Results: Mean age was 64.9+/−5.2 years. No mortality was reported in our patients, however, one-year adverse outcomes were encountered in 43 (79.6%) patients. Among all studied variables, the 1-year adverse outcomes was not significantly association with mFI, but with preoperative glycosylated hemoglobin A1c (HbA1c) (p=0.031) and associated Peyronie's disease (PD) (p=0.000). HbA1c, dyslipidemia, hypertension, PD and duration of the procedure were predictive of infection complications (p<0.05). Only PD and HbA1c sustained an independent significant impact. Conclusions: mFI is not a predictive of post- penile prosthesis implantation adverse outcomes in elderly patients with impotence. Degree of diabetic control and association with PD was associated with the 1-year adverse outcomes and infection complications.

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Embase

Introduction In 2014, new evidence-based definitions of lifelong premature ejaculation (LPE) and acquired premature ejaculation (APE) were proposed by the International Society for Sexual Medicine. Based on the new PE definitions, the prevalence of and factors associated with LPE and APE have not been investigated in China. Aim To evaluate the prevalence of and factors associated with LPE and APE in men with the complaint of PE in China. Methods From December 2011 to December 2015, a cross-sectional field survey was conducted in five cities in the Anhui province of China. Questionnaire data of 3,579 men were collected in our database. The questionnaire included subjects' demographic information and medical and sexual histories. Men who were not satisfied with their time to ejaculate were accepted as having the complaint of PE. Men with the complaint of PE who met the new definition of PE were diagnosed as having LPE or APE. Main Outcome Measures New definition of LPE and APE. Results Of 3,579 men
who completed the questionnaire, 34.62% complained of PE. Mean age, body mass index, and self-estimated intravaginal ejaculatory latency time for all subjects were 34.97 +/- 9.02 years, 23.33 +/- 3.56 kg/m², and 3.09 +/- 1.36 minutes, respectively. The prevalences of LPE and APE in men with the complaint of PE were 10.98% and 21.39%, respectively. LPE and APE were associated with age, body mass index, and smoking and exercise rates (P < .001 for all comparisons). Men with APE reported more comorbidities than men with LPE, especially in the presence of hypertension, diabetes mellitus, and heart disease (P < .001 for all comparisons). Conclusion In this study, the prevalences of LPE and APE in men with the complaint of PE were 10.98% and 21.39%, respectively. Patients with APE were older and more likely to smoke, had more comorbidities, and had a higher body mass index than patients with LPE.

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545.

Objective To present a summary of the 2016 version of the European Association of Urology (EAU) - European Society for Radiotherapy & Oncology (ESTRO) - International Society of Geriatric Oncology (SIOG) Guidelines on screening, diagnosis, and local treatment with curative intent of clinically localised prostate cancer (PCa). Evidence acquisition The working panel performed a literature review of the new data (2013-2015). The guidelines were updated and the levels of evidence and/or grades of recommendation were added based on a systematic review of the evidence. Evidence synthesis BRCA2 mutations have been added as risk factors for early and aggressive disease. In addition to the Gleason score, the five-tier 2014 International Society of Urological Pathology grading system should now be provided. Systematic screening is still not recommended. Instead, an individual risk-adapted strategy following a detailed discussion and taking into account the patient's wishes and life expectancy must be considered. An early prostate-specific antigen test, the use of a risk calculator, or one of the promising biomarker tools are being investigated and might be able to limit the overdetection of insignificant PCa. Breaking the link between diagnosis and treatment may lower the overtreatment risk. Multiparametric magnetic resonance imaging using standardised reporting cannot replace systematic biopsy, but robustly nested within the diagnostic work-up, it has a key role in local staging. Active surveillance always needs to be discussed with very low-risk patients. The place of surgery in high-risk disease and the role of lymph node dissection have been clarified, as well as the management of node-positive patients. Radiation therapy using dose-escalated intensity-modulated technology is a key treatment modality with recent improvement in the outcome based on increased doses as well as combination with hormonal treatment. Moderate hypofractionation is safe and effective, but longer-term data are still lacking. Brachytherapy represents an effective way to increase the delivered dose. Focal therapy remains experimental while cryosurgery and HIFU are still lacking long-term convincing results. Conclusions The knowledge in the field of diagnosis, staging, and treatment of localised PCa is evolving rapidly. The 2016 EAU-ESTRO-SIOG Guidelines on PCa summarise the most recent findings and advice for the use in clinical practice. These are the first PCa guidelines endorsed by the European Society for Radiotherapy and Oncology and the International Society of Geriatric Oncology and reflect the multidisciplinary nature of PCa management. A full version is available from the EAU office and online (http://uroweb.org/guideline/prostate-cancer/).

Patient summary The 2016 EAU-ESTRO-IOG Prostate Cancer (PCa) Guidelines present updated information on the diagnosis, and treatment of clinically localised prostate cancer. In Northern and Western Europe, the number of men diagnosed with PCa has been on the rise. This may be due to an increase in opportunistic screening, but other factors may also be involved (eg, diet, sexual behaviour, low exposure to...
ultraviolet radiation). We propose that men who are potential candidates for screening should be engaged in a discussion with their clinician (also involving their families and caregivers) so that an informed decision may be made as part of an individualised risk-adapted approach. Copyright © 2016 European Association of Urology

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A literature review of antithrombotic and anticoagulating agents on sexual function.
Chen L.W.-H., Yin H.-L.
Embase
[Article In Press]
AN: 614698069
Although millions of people receive antithrombotic agents (ATAs) or anticoagulating agents (ACAs) for vascular prophylaxis daily, the negative impact of these agents on sexual function has not been systematically studied. Therefore, a literature search was conducted to determine the effects of the marketed ATAs and ACAs on sexual function. In regard to men, the results show that thienopyridine derivatives increase the risk of erectile dysfunction (ED) and decrease libido and sexual function. The relationship between aspirin use and ED is inconsistent, ranging from a moderate risk to beneficial effects. Nonetheless, aspirin appears to result in a lower risk for ED than does clopidogrel, and seems to benefit patients with lithium-induced ED. Coumarin can cause vasculogenic priapism. In regard to women, only a single report of genital haemorrhage was found. Available data exclusively focus on male subjects. Taken together, ATAs and ACAs can disturb sexual function in different aspects in men. Newer thienopyridine derivatives, such as prasugrel or ticagrelor, may be used as a substitute for clopidogrel when sexual dysfunction occurs. Priapism and genital haemorrhage were found to be uncommon but serious complications of ACA treatment. Additional studies examining the effects of ATAs and ACAs on sexual function are needed, especially in woman and elderly. Copyright © 2017 Blackwell Verlag GmbH.
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Impact of physical activity on patient self-reported outcomes of lifelong premature ejaculation patients: Results of a prospective, randomised, sham-controlled trial.
Kilinc M.F., Aydogmus Y., Yildiz Y., Doluoglu O.G.
[Article In Press]
AN: 614698067

Previous studies have investigated whether physical activity increases serotonin hormone levels. Serotonin receptor dysfunction is one of the frequently accused factors of premature ejaculation (PE). Nevertheless, no studies up to date have demonstrated that the association between physical activity and premature ejaculation. We aimed to investigate the relationship between physical activity and PE and determine whether moderate physical activity might delay ejaculation time or be an alternative treatment for PE. A total of 105 patients diagnosed with PE were enrolled in this study. Of the patients, 35 were treated with dapoxetine, (30 mg) on demand (Group 1), 35 performed moderate physical activities (Group 2), and 35 performed minimal physical activity (Group 3-sham). Demographic characteristics, metabolic equivalents (MET), premature ejaculation diagnostic tool (PEDT) and intravaginal ejaculatory latency time (IELT) were recorded. There were no significant differences among three groups in terms of age, BMI, MET, PEDT or IELT before treatment. At the end of the study, there was significant decrease in PEDT scores, and increase in IELT in groups 1 and 2 as compared to Group 3. In conclusion, a moderate physical activity longer than 30 min at least 5 times a week leads to ejaculation delay, and appears as an alternative to dapoxetine on demand for the treatment of PE. Copyright © 2017 Blackwell Verlag GmbH.
548.
Sexual health of male cardiac patients - Present status and expectations of patients with coronary heart disease.
Embase
Archives of Medical Science. 13 (2) (pp 302-310), 2017. Date of Publication: 2017.
[Article]
AN: 614490667
Introduction: Due to the pathogenetic association between erectile disorders and cardiovascular diseases, cardiologists consult many patients with erectile dysfunction (ED). The aim of the study was to evaluate sexual function in patients with coronary heart disease (CHD) and the use of sexual knowledge in cardiology practice, both current use and that expected by patients. Material and methods: One thousand one hundred and thirty-six patients (average age: 60.73 +/-9.20) underwent a dedicated survey which encompassed demographic data and the presence of modifiable ED risk factors. The presence of ED was assessed using the International Index of Erectile Function (IIEF-5) Questionnaire. Results: Sexual problems were discussed by cardiologists with 45 (3.96%) patients. The frequency of initiating the topic was significantly associated with the respondents' education level (p = 0.0031); however, it was not associated with the patients' age, duration of CHD, presence of ED, or modifiable risk factors. Four hundred and sixteen (36.62%) respondents indicated that they expect their cardiologist to take an interest
in their ED. Nine hundred and twenty-six (81.51%) patients claimed good sexual function to be important or very important to them. Attitude to sexual function was significantly associated with age ($p < 0.0001$), duration of CHD ($p = 0.0018$), education ($p = 0.0011$), presence of ED ($p = 0.0041$), diabetes ($p = 0.0283$) and hyperlipidaemia ($p = 0.0014$). Conclusions: The low frequency with which cardiologists initiate the topic of ED is in contrast to the expectations of patients with CHD. The majority of these patients regard good sexual maintenance as an important part of their life.  Copyright © 2016 Termedia & Banach.

549.
Penile Plication as Salvage Strategy for Refractory Peyronie's Disease Deformities.
Cordon B.H., Sundaram V., Hofer M.D., Kavoussi N.L., Scott J.M., Morey A.F.
Introduction We identified clinical and/or surgical factors contributing to failure of penile plication for Peyronie's reconstruction and assessed outcomes of repeat plications. Methods We conducted a retrospective review of patients who underwent penile plication between 2007 and 2016. Plication was performed after inducing an artificial erection intraoperatively using corrective longitudinal 2-zero EthibondTM sutures placed systematically in a uniform manner without circumcision. Penile length, and angle and direction of curvature were recorded, along with number and location of plication sutures and clinical outcome. Results Of 340 patients undergoing penile plication during the study period 7 (2.1%) underwent repeat plication for insufficient straightening. Two additional patients underwent salvage plication after initial surgery performed elsewhere. Median time to revision was 6 months (range 3.4 to 27.4). The most common clinical features at reoperation were severe erectile dysfunction in 5 cases (71%), multiplanar curvature in 5 (71%) and severe curvature (60 degrees or greater) in 3 (43%). Most revisions involved a greater number of sutures during revision (mean 9) compared to initial plication (6), and in 4 cases (44%) sutures were placed on the proximal shaft. After revision all cases were noted to be functionally straight, with a mean postoperative curvature of 4 degrees (range 0 to 20) at a median followup of 27 months (3 to 76). Conclusions Inadequate correction of Peyronie's disease curvature by penile plication is rare but salvageable by a second plication procedure. Poor erectile response to intracavernous injection intraoperatively may mask the severity of the deformity, thus leading to inadequate numbers of corrective sutures. Copyright © 2017 American Urological Association Education and Research, Inc.

Fourie L., Kotze C., van der Westhuizen D.

Embase


[Article]
AN: 614359955

Introduction: The sexual behaviour and development of children with autism spectrum disorders (ASDs) have been mostly overlooked in research and practice. This study aimed to determine the association between certain clinical and demographic factors found in a sample of children with ASDs, and their reported sexual behaviour (RSB).

Methods: The study was conducted at a school in Gauteng, South Africa, for learners with ASDs. Two questionnaires completed by caregivers/parents enquired about family stability, clinical profile and RSB (if any) in their child. RSB was analysed via three domains: self-care, socio-sexual skills and actual RSB, with additional information from school records.

Results: Of the 107 questionnaires distributed, only 31 parents responded and 24 agreed to participate. The 24 (100%) children included 10 pubertal and 14 pre-pubertal children, of which 18 (n = 18) had more stable primary caregiver statuses as well as more stable socioeconomic and family environments. Two of the 14 pre-pubertal children had abnormal self-care, whereas none of the 10 pubertal children had any abnormal self-care. Eight of the 18 children from more stable environments displayed abnormal sexual behaviours. Of the 6 children from less stable environments, two displayed more abnormal socio-sexual skills, whereas 9 of the 18 children from more stable environments displayed more abnormal sexual behaviour. In contrast with the postulated hypothesis that children from less stable socioeconomic and family environments would exhibit more abnormal sexual behaviours, this study did not find any evidence of such a relationship or association.

Conclusion: ASDs are characterised by deficits in communication and social skills. These may lead to an affected individual struggling to develop appropriate sexual behaviour. If specific risk factors that contribute to the development of abnormal sexual behaviour can be identified, one can try to modify/prevent these where some degree of prevention or alleviation may be possible. Copyright © 2017. The Authors.

Status
EMBASE
Institution
A phase III multicenter, randomized, controlled study of combined androgen blockade with versus without zoledronic acid in prostate cancer patients with metastatic bone disease: results of the ZAPCA trial.


[Article]

AN: 612096778

Objective: To examine the antitumor activity of zoledronic acid (ZA) combined with androgen deprivation therapy (ADT) for men with treatment-naive prostate cancer and bone metastasis.

Methods: We enrolled 227 men with treatment-naive prostate cancer and bone metastasis. Participants were randomly assigned (1:1 ratio) to receive combined androgen blockade alone (CAB group) or ZA with combined androgen blockade (CZ group). Time to treatment failure (TTTF), time to the first skeletal-related event (TTFsRE), and overall survival (OS) rates were estimated using the Kaplan-Meier method. Hazard ratios (HRs) were calculated using the Cox proportional hazards model. Median follow-up duration was 41.5 months. Results: Median TTTFs were 12.4 and 9.7 months for the CZ and CAB groups, respectively (HR 0.75; 95 % CI 0.57-1.00; p = 0.051). For men with baseline prostate-specific antigen levels <200 ng/mL, median TTTFs were 23.7 and 9.8 months for the CZ and CAB groups, respectively (HR 0.58; 95 % CI 0.35-0.93;
Median TTFs were 64.7 and 45.9 months for the CZ and CAB groups, respectively (HR 0.58; 95% CI 0.38-0.88; p = 0.009). OS was similar between the groups.

Conclusions: This study failed to demonstrate that combined use of ZA and ADT significantly prolonged TTF in men with treatment-naive prostate cancer and bone metastasis. However, it generates a new hypothesis that the combined therapy could delay the development of castration resistance in a subgroup of patients with low baseline prostate-specific antigen values <200 ng/mL. The treatment also significantly prolonged TTFsRE but did not affect OS.

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Atherosclerosis is associated with erectile function and lower urinary tract symptoms, especially nocturia, in middle-aged men.

Tsujimura A., Hiramatsu I., Aoki Y., Shimoyama H., Mizuno T., Nozaki T., Shirai M., Kobayashi K., Kumamoto Y., Horie S.

Embase
Prostate International. (no pagination), 2017. Date of Publication: December 07, 2016.
[Article In Press]
AN: 614668769

Background: Atherosclerosis is a systematic disease in which plaque builds up inside the arteries that can lead to serious problems related to quality of life (QOL). Lower urinary tract symptoms (LUTS), erectile dysfunction (ED), and late-onset hypogonadism (LOH) are highly prevalent in aging men and are significantly associated with a reduced QOL. However, few questionnaire-based studies have fully examined the relation between atherosclerosis and several urological symptoms. Materials and methods: The study comprised 303 outpatients who visited our clinic with symptoms of LOH. Several factors influencing atherosclerosis, including serum
concentrations of triglyceride, fasting blood sugar, and total testosterone measured by radioimmunoassay, were investigated. We also measured brachial-ankle pulse wave velocity (baPWV) and assessed symptoms by specific questionnaires, including the Sexual Health Inventory for Men (SHIM), Erection Hardness Score (EHS), International Prostate Symptom Score (IPSS), QOL index, and Aging Male Symptoms rating scale (AMS). Stepwise associations between the ratio of measured/age standard baPWV and clinical factors including laboratory data and the scores of the questionnaires were compared using the Jonckheere-Terpstra test for trend. The associations between the ratio of measured/age standard baPWV and each IPSS score were assessed in a multivariate linear regression model after adjustment for serum triglyceride, fasting blood sugar, and total testosterone. Results: Regarding ED, a higher level of the ratio of measured/age standard baPWV was associated with a lower EHS, whereas no association was found with SHIM. Regarding LUTS, a higher ratio of measured/age standard baPWV was associated with a higher IPSS and QOL index. However, there was no statistically significant difference between the ratio of measured/age standard baPWV and AMS. A multivariate linear regression model showed only nocturia to be associated with the ratio of measured/age standard baPWV for each IPSS score. Conclusion: Atherosclerosis is associated with erectile function and LUTS, especially nocturia. Copyright © 2017.
Assessing the burden of treatment-emergent adverse events associated with atypical antipsychotic medications.
Embase
[Article]
AN: 614416731
Background: Treatment of schizophrenia and major depressive disorder (MDD) with atypical antipsychotics (AAPs) show improved efficacy and reduced side effect burden compared with older antipsychotic medications. However, a risk of treatment-emergent adverse events (TEAEs) remains. TEAEs are hard to quantify and perspectives on the importance of TEAEs differ across patients and between patients and physicians. The current study is a qualitative assessment that investigates TEAEs of AAPs from both patient and physician perspectives to provide better understanding of the occurrence and burden of TEAEs associated with these medications.
Methods: Focus groups comprised of patients with MDD and interviews with patients with schizophrenia were conducted at two qualitative research facilities, along with a physician focus group at one of the facilities. Information collected from patients included an exhaustive list of TEAEs experienced, and the frequency and level of bother of each TEAE; from psychiatrists, information included an exhaustive list of TEAEs based on personal observations and patient report, frequency of TEAEs, clinically important TEAEs, and levels of patient-perceived bother. Standard qualitative analysis methods were used to identify, quantify, characterize, and summarize patterns found in the data collected. Results: A total of 42 patients (25 with MDD and 17 with schizophrenia) and 4 psychiatrists participated in the study. TEAEs reported as bothersome across both patients groups included cognitive issues, weight gain and/or increased appetite, low energy, extrapyramidal symptoms (EPS), and need to sleep/excessive sleep/excessive sleepiness. TEAEs considered more bothersome by patients with schizophrenia were weight gain, low energy, EPS, mental anxiety, and increased positive symptoms; those considered more bothersome by patients with MDD were cognitive issues, somnolence/sedation, and flat/restricted affect. TEAEs considered most clinically important by psychiatrists included metabolic syndrome, weight gain, neutropenia, hyperglycemia, and QT prolongation; those TEAEs considered most bothersome to patients from physicians' perspectives included weight gain, reduced sexual desire or performance, EPS, akathisia, and hormonal issues. Conclusions: The wide range of TEAEs that are both frequent and bothersome and the variation in perceived burden according to diagnosis highlight the need for a tailored TEAE-awareness approach when choosing an AAP.

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Sexual outcomes after partial penectomy for penile cancer: Results from a multi-institutional study.

Sansalone S., Silvani M., Leonardi R., Vespasiani G., Iacovelli V.

Embase
[Article]

AN: 614019307

Penile cancer is an uncommon malignancy. Surgical treatment is inevitably mutilating. Considering the strong impact on patients’ sexual life we want to evaluate sexual function and satisfaction after partial penectomy. The patients in this study (n = 25) represented all those who attended our institutions and were diagnosed and treated for penile cancer from October 2011 to November 2013. All patients underwent partial penectomy and followed-up (mean: 14 months; range: 12-25). Sexual presurgical baseline was estimated using the International Index of Erectile Dysfunction 15 (IIEF-15). Sexual outcomes of each patient were estimated considering four standardized and validated questionnaires. We analyzed the means and ranges of IIEF-15 including erectile function (IIEF-1-5 and -15), orgasmic function (IIEF-9 and -10), sexual desire (IIEF-11 and -12), intercourse satisfaction (IIEF-6-8), and overall satisfaction (IIEF-13 and -14).
Then, we also used Quality of Erection Questionnaire (QEQ), Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) and Self-Esteem and Relationship (SEAR) to evaluate the sexual function and satisfaction of our patients. The final results showed that penile cancer leads to several sexual and psychosexual dysfunctions. Nevertheless, patients who undergo partial penectomy for penile cancer can maintain the sexual outcomes at levels slightly lower to those that existed in the period before surgery. Copyright © 2017 AJA, SIMM and SJTU. All rights reserved.


Resolution of erectile dysfunction after an andrological visit in a selected population of patients affected by psychogenic erectile dysfunction.

Cavallini G.

Embase


[Article]

AN: 614337274
The aim of this study was to ascertain whether some patients with psychogenic erectile dysfunction (PED) who chose psychotherapy spontaneously improved their sexual function immediately after diagnosis. Two hundred eighty-five patients with PED were retrospectively studied. Complete resolution of PED was analyzed regarding age, primary or secondary PED, marital status, domestic status, prevailing attitude of the female partner to the dysfunction, duration of their partnership, social status, duration of PED, International Index of Erectile Function score, and prevailing attitude of the patient after a diagnosis of PED. The data were analyzed using post-hoc tests. PED was resolved in 32.3% of the patients immediately after diagnosis. These patients were older, more frequently affected by secondary ED, more frequently living with their partner, and more frequently resigned or happy with the diagnosis of PED than the patients who did not resolve their PED. A nonchalant or cooperative female attitude to PED improved the possibility of PED resolution. The other variables did not influence PED resolution. Our data showed that a clear-cut diagnosis of psychogenic erectile deficiency and some psychosocial factors were critical for the management of some patients with PED. Copyright © 2017 AJA, SIMM & SJTU. All rights reserved.

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Medknow Publications (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)
Date Created
20170301
Year of Publication
2017

556.
Regeneration of rat corpora cavernosa tissue by transplantation of CD133+ cells derived from human bone marrow and placement of biodegradable gel sponge sheet.
The objective is to develop an easier technique for regenerating corpora cavernosa tissue through transplantation of human bone marrow-derived CD133+ cells into a rat corpora cavernosa defect model. We excised 2 mm x 2 mm squares of the right corpora cavernosa of twenty-three 8-week-old male nude rats. Alginate gel sponge sheets supplemented with 1 x 10^4 CD133+ cells were then placed over the excised area of nine rats. Functional and histological evaluations were carried out 8 weeks later. The mean intracavernous pressure/mean arterial pressure ratio for the nine rats (0.34258 +/- 0.0831) was significantly higher than that for eight rats with only the excision (0.0580 +/- 0.0831, P = 0.0238) and similar to that for five rats for which the penis was exposed, and there was no excision (0.37228 +/- 0.1051, P = 0.8266). Immunohistochemical analysis revealed that the nine fully treated rats had venous sinus-like structures and quantitative reverse transcription polymerase chain reaction analysis of extracts from their alginate gel sponge sheets revealed that the amounts of mRNA encoding the nerve growth factor (NGF), and vascular endothelial growth factor (VEGF) were significantly higher than those for rats treated with alginate gel sheets without cell supplementation (NGF: P = 0.0309; VEGF: P < 0.0001). These findings show that transplantation of CD133+ cells accelerates functional and histological recovery in the corpora cavernosa defect model. Copyright © 2017 AJA, SIMM & SJTU. All rights reserved.
Sexual dysfunction and prostate cancer are common among older men. Few studies explored the association between these two illnesses. We examined whether sexual function is associated with prostate cancer risk among older men. Among 448 men undergoing prostate biopsy at the Durham Veterans Affairs Hospital, sexual function was ascertained from the Expanded Prostate Cancer Index Composite sexual assessment. We tested the link between sexual function and prostate cancer risk adjusting for multiple demographic and clinical characteristics using logistic regression. Multinomial logistic regression was used to test the associations with risk of low-grade (Gleason <6) and high-grade (Gleason >7 or >4 + 3) disease versus no cancer. Of 448 men, 209 (47%) had a positive biopsy; these men were less likely to be white (43% vs 55%, P = 0.013), had higher prostate-specific antigen (PSA) (6.0 vs 5.4 ng ml⁻¹, P < 0.001), but with lower mean sexual function score (47 vs 54, P = 0.007). There was no difference in age, BMI, pack years smoked, history of heart disease and/or diabetes. After adjusting for baseline differences, sexual function was linked with a decreased risk of overall prostate cancer risk (OR: 0.91 per 10-point change in sexual function, P = 0.004) and high-grade disease whether defined as Gleason >7 (OR: 0.86, P = 0.001) or >4 + 3 (OR: 0.85, P = 0.009). Sexual function was unrelated to low-grade prostate cancer (OR: 0.94, P = 0.13). Thus, among men undergoing prostate biopsy, higher sexual function was associated with a decreased risk of overall and high-grade prostate cancer. Confirmatory studies are needed. Copyright © 2017 AJA, SIMM & SJTU. All rights reserved.
Physical, mental and social consequences in civilians who have experienced war-related sexual violence: a systematic review (1981-2014).

Ba I., Bhopal R.S.

Embase

Public Health. 142 (pp 121-135), 2017. Date of Publication: 01 Jan 2017.

[Review]

AN: 612997703

Objectives To identify the health outcomes of sexual violence on civilians in conflict zones between 1981 and 2014. Study design Systematic review. Methods For the purpose of this study, we defined sexual violence as sexual torture including, individual rape, gang rape, and sexual slavery. All types of conflicts were included (intrastate, interstate, and internationalized intrastate). Quantitative and mixed-method studies, reporting any physical, mental, and social consequences, were retrieved from Medline, Embase, Global Health, Global Health Library, WHOLIS, Popline, and Web of Sciences (n = 3075) and from checking reference lists and personal communications (n = 359). Data were analyzed using Microsoft Excel and MetaXL. Given inherent variation, the means derived from combining studies were misleading; thus, we
focused on the range of values. Results The 20 studies were from six countries, five in Africa (18 studies), and especially in Democratic Republic of Congo (12 studies). The number of subjects varied from 63 to 20,517, with 17 studies including more than 100 subjects. Eight studies included males. Gang rape, rape, and abduction were the most commonly reported types of sexual violence. Sixteen studies provided data on physical outcomes of which the most common were pregnancy (range 3.4-46.3%), traumatic genital injuries/tears (range 2.1-28.7%), rectal and vaginal fistulae (range 9.0-40.7%), sexual problems/dysfunction (range 20.1-56.7%), and sexually transmitted diseases (range 4.6-83.6%). Mental health outcomes were reported in 14 studies, the most frequent being post-traumatic stress disorder (range 3.1-75.9%), anxiety (range 6.9-75%), and depression (range 8.8-76.5%). Eleven studies provided social outcomes, the most common being rejection by family and/or community (range of 3.5-28.5%) and spousal abandonment (range 6.1-64.7%). Conclusions Wartime sexual violence is highly traumatic, causing multiple, long-term negative outcomes. The number and quality of studies published does not match the significance of the problem. The findings highlight the need for care of the survivors and their relatives and raise concerns about how they and their children will be affected in the long term.

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Publisher
Elsevier B.V.
Date Created
20170126
Year of Publication
2017

559.
Exploring the Relationship between Sexual Compulsivity and Attentional Bias to Sex-Related Words in a Cohort of Sexually Active Individuals.
Albery I.P., Lowry J., Frings D., Johnson H.L., Hogan C., Moss A.C.
Embase
European Addiction Research. 23 (1) (pp 1-6), 2017. Date of Publication: 01 Feb 2017.
[Article]
AN: 612619423

Background/Aims: If sexual compulsivity and other addictive behaviours share common aetiology, contemporary proposals about the role of attentional processes in understanding addictive behaviours are relevant. Methods: To examine attentional biases for sex-related words among sexually active individuals and the relationship between sexual compulsivity and sexual behavioural engagement with attentional bias, 55 sexually active individuals completed a modified Stroop task and the sexual compulsivity scale. Results: Findings showed attentional bias towards sex-related stimuli among sexually active participants. In addition, among those with low levels of sexual compulsivity, levels of attentional bias were the same across all levels of sexual experience. Among those with higher levels of sexual compulsivity, greater attentional bias was linked with lower levels of sexual experience. Conclusion: Attentional preference for concern-related stimuli varies as a function of the interaction between how long a person has been active sexually and how compulsive their sexual behaviour is. Copyright © 2016 S. Karger AG, Basel.

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Publisher
S. Karger AG
Date Created
20170304
Year of Publication
2017
Introduction A cornerstone of treating gender dysphoria for transgender women is gender reassignment surgery (GRS) encompassing vaginoplasty and clitoroplasty. The neoclitoris is harvested as a flap with a neurovascular pedicle from the proximal dorsal part of the glans penis. Few long-term follow-ups exist on postoperative sensation and patient-reported sexual functionality of the neoclitoris. Aim To examine the sensitivity of the neoclitoris and its relation to orgasm and sexual function at least 1 year after GRS. Methods Twenty-two patients were included, with a mean follow-up of 37 months (range = 12-63) after initial surgery. Tactile and vibratory sensitivities were measured with Semmes-Weinstein monofilaments and the BioThesiometer vibratory measurement device, respectively. A questionnaire was provided to the patients, as were interview questions about body image, orgasm, pain, and general satisfaction with the surgery. Main Outcome Measures Tactile and vibratory sensitivities of the neoclitoris and questionnaire on satisfaction with orgasm, sexual function, and general satisfaction. Results The average tactile threshold for the clitoris was 12.5 g/mm² and the average vibratory threshold was 0.3 mum. Most participants (86%) experienced orgasm after surgery, had no or little pain, and were satisfied with the surgery. No statistical correlation was found between better or worse objective pressure and vibratory thresholds and patient answers to questions about the clitoris in the Body Image Scale for Transsexuals questionnaire. Conclusion The neoclitoris derived from the glans penis in GRS provides long-term clitoral sensation that is erogenous. Overall, the vast majority of patients who undergo male-to-female GRS experience orgasm and are satisfied with the surgery.

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Publisher
Elsevier B.V. (E-mail: customerservices@oxonblackwellpublishing.com)
Early Effect of Bariatric Surgery on Urogenital Function in Morbidly Obese Men.


Embase

Introduction
Obesity is an independent risk factor for erectile dysfunction (ED) and lower urinary tract symptoms (LUTS). Bariatric surgery has been shown to improve erectile function and urinary symptoms in medium- to long-term studies (3- to 12-month postoperative follow-up). Aim To investigate the early effect (1 month postoperatively) of bariatric surgery on ED and LUTS, which has not previously been investigated. Methods Morbidly obese men (body mass index > 35 kg/m²) undergoing bariatric surgery were asked to complete the International Index of Erectile Function (IIEF) and International Prostate Symptom Score (IPSS) questionnaires before surgery and 1, 3, and 6 months after surgery. Main Outcome Measure The influence of bariatric surgery on urogenital function, body mass index, fasting blood glucose, and glycated hemoglobin were analyzed using parametric and non-parametric tests for paired samples. Results Of 30 patients who completed the study, 18 reported ED (IIEF score < 25) and 14 reported moderate or severe LUTS (IPSS > 8) before the operation. Twelve patients had ED and moderate or severe LUTS. IIEF score, IPSS, body mass index, percentage of weight loss, fasting blood glucose, and glycated hemoglobin showed significant and rapid improvement after bariatric surgery starting at the 1-month postoperative time point and improvement continued throughout the study in all patients with ED or moderate to severe LUTS. Conclusion This is the first study showing improvement in erectile and urinary function within 1 month after bariatric surgery, an effect that was parallel to glycemic improvement and weight loss. Copyright © 2016 International Society for Sexual Medicine
Recommendations for gonadotoxicity surveillance in male childhood, adolescent, and young adult cancer survivors: a report from the International Late Effects of Childhood Cancer Guideline Harmonization Group in collaboration with the PanCareSurFup Consortium.


Embase

The Lancet Oncology. 18 (2) (pp e75-e90), 2017. Date of Publication: 01 Feb 2017.

[Review]

AN: 614358701

Treatment with chemotherapy, radiotherapy, or surgery that involves reproductive organs can cause impaired spermatogenesis, testosterone deficiency, and physical sexual dysfunction in male pubertal, adolescent, and young adult cancer survivors. Guidelines for surveillance and management of potential adverse effects could improve cancer survivors' health and quality of life.
life. Surveillance recommendations vary considerably, causing uncertainty about optimum screening practices. This clinical practice guideline recommended by the International Late Effects of Childhood Cancer Guideline Harmonization Group in collaboration with the PanCareSurFup Consortium, developed using evidence-based methodology, critically synthesises surveillance recommendations for gonadotoxicity in male childhood, adolescent, and young adult (CAYA) cancer survivors. The recommendations were developed by an international multidisciplinary panel including 25 experts in relevant medical specialties, using a consistent and transparent process. Recommendations were graded according to the strength of underlying evidence and potential benefit gained by early detection and appropriate management. The aim of the recommendations is to enhance evidence-based care for male CAYA cancer survivors. The guidelines reveal the paucity of high-quality evidence, highlighting the need for further targeted research. Copyright © 2017 Elsevier Ltd

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Embase

The Lancet Oncology. 18 (2) (pp 181-191), 2017. Date of Publication: 01 Feb 2017.

[Article]

AN: 613970671

Background Vascular-targeted photodynamic therapy, a novel tissue-preserving treatment for low-risk prostate cancer, has shown favourable safety and efficacy results in single-arm phase 1 and 2 studies. We compared this treatment with the standard of care, active surveillance, in men with low-risk prostate cancer in a phase 3 trial. Methods This randomised controlled trial was done in 47 European university centres and community hospitals. Men with low-risk, localised prostate cancer (Gleason pattern 3) who had received no previous treatment were randomly assigned (1:1) to vascular-targeted photodynamic therapy (4 mg/kg padeliporfin intravenously over 10 min and optical fibres inserted into the prostate to cover the desired treatment zone and subsequent activation by laser light 753 nm with a fixed power of 150 mW/cm for 22 min 15 s) or active surveillance. Randomisation was done by a web-based allocation system stratified by centre with balanced blocks of two or four patients. Best practice for active surveillance at the time of study design was followed (ie, biopsy at 12-month intervals and prostate-specific antigen measurement and digital rectal examination at 3-month intervals). The co-primary endpoints were treatment failure (histological progression of cancer from low to moderate or high risk or death during 24 months’ follow-up) and absence of definite cancer (absence of any histology result definitely positive for cancer at month 24). Analysis was by intention to treat. Treatment was open-label, but investigators assessing primary efficacy outcomes were masked to treatment allocation. This trial is registered with ClinicalTrials.gov, number NCT01310894. Findings Between March 8, 2011, and April 30, 2013, we randomly assigned 206 patients to vascular-targeted photodynamic therapy and 207 patients to active surveillance. Median follow-up was 24 months (IQR 24-25). The proportion of participants who had disease progression at month 24 was 58 (28%) of 206 in the vascular-targeted photodynamic therapy group compared with 120 (58%) of 207 in the active surveillance group (adjusted hazard ratio 0.34, 95% CI 0.24-0.46; p<0.0001). 101 (49%) men in the vascular-targeted photodynamic therapy group had a negative prostate biopsy result at 24 months post treatment compared with 28 (14%) men in the active surveillance group (adjusted risk ratio 3.67, 95% CI 2.53-5.33; p<0.0001). Vascular-targeted photodynamic therapy was well tolerated. The most common grade 3-4 adverse events were
prostatitis (three [2%] in the vascular-targeted photodynamic therapy group vs one [<1%] in the active surveillance group), acute urinary retention (three [2%] vs one [<1%]) and erectile dysfunction (two [1%] vs three [1%]). The most common serious adverse event in the vascular-targeted photodynamic therapy group was retention of urine (15 patients; severe in three); this event resolved within 2 months in all patients. The most common serious adverse event in the active surveillance group was myocardial infarction (three patients). Interpretation Padeliporfin vascular-targeted photodynamic therapy is a safe, effective treatment for low-risk, localised prostate cancer. This treatment might allow more men to consider a tissue-preserving approach and defer or avoid radical therapy. Funding Steba Biotech. Copyright © 2017 Elsevier Ltd

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(Debruyne) Andros Men's Health Institute, Arnhem, Netherlands
Objective The primary objectives were to compare the efficacy of extracts of the plant Tribulus terrestris (TT; marketed as Tribestan), in comparison with placebo, for the treatment of men with erectile dysfunction (ED) and with or without hypoactive sexual desire disorder (HSDD), as well as to monitor the safety profile of the drug. The secondary objective was to evaluate the level of lipids in blood during treatment. Participants and design Phase IV, prospective, randomized, double-blind, placebo-controlled clinical trial in parallel groups. This study included 180 males aged between 18 and 65 years with mild or moderate ED and with or without HSDD: 90 were randomized to TT and 90 to placebo. Patients with ED and hypertension, diabetes mellitus, and metabolic syndrome were included in the study. In the trial, an herbal medicine intervention of Bulgarian origin was used (Tribestan, Sopharma AD). Each Tribestan film-coated tablet contains the active substance Tribulus terrestris, herba extractum siccum (35-45:1) 250 mg which is standardized to furostanol saponins (not less than 112.5 mg). Each patient received orally 3 x 2 film-coated tablets daily after meals, during the 12-week treatment period. At the end of each month, participants’ sexual function, including ED, was assessed by International Index of Erectile Function (IIEF) Questionnaire and Global Efficacy Question (GEQ). Several biochemical
parameters were also determined. The primary outcome measure was the change in IIEF score after 12 weeks of treatment. Complete randomization (random sorting using maximum allowable% deviation) with an equal number of patients in each sequence was used. This randomization algorithm has the restriction that unequal treatment allocation is not allowed; that is, all groups must have the same target sample size. Patients, investigational staff, and data collectors were blinded to treatment. All outcome assessors were also blinded to group allocation.

Results 86 patients in each group completed the study. The IIEF score improved significantly in the TT group compared with the placebo group (P < 0.0001). For intention-to-treat (ITT) there was a statistically significant difference in change from baseline of IIEF scores. The difference between TT and placebo was 2.70 (95% CI 1.40, 4.01) for the ITT population. A statistically significant difference between TT and placebo was found for Intercourse Satisfaction (p = 0.0005), Orgasmic Function (p = 0.0325), Sexual Desire (p = 0.0038), Overall Satisfaction (p = 0.0028) as well as in GEQ responses (p < 0.0001), in favour of TT. There were no differences in the incidence of adverse events (AEs) between the two groups and the therapy was well tolerated. There were no drug-related serious AEs. Following the 12-week treatment period, significant improvement in sexual function was observed with TT compared with placebo in men with mild to moderate ED. TT was generally well tolerated for the treatment of ED. Copyright © 2017 Elsevier B.V.
Chronic symptoms in a representative sample of community-dwelling older people: A cross-sectional study in Switzerland.

Henchoz Y., Bula C., Guessous I., Rodondi N., Goy R., Demont M., Santos-Eggimann B.

Embase

BMJ Open. 7 (1) (no pagination), 2017. Article Number: e014485. Date of Publication: 01 Jan 2017.

[Article]

AN: 614157383

Objectives The burden of multiple diagnoses is well documented in older people, but less is known about chronic symptoms, many of which are even not brought to medical attention. This study aimed to determine the prevalence of chronic symptoms, their relationships with disability in basic activities of daily living (BADL) and quality of life (QoL), and their public health impact.

Design A large cross-sectional population-based study. Setting Community in 2 regions of French-speaking Switzerland. Participants Community-dwelling older adults aged 68 years and older in 2011 (N=5300). Outcomes Disability in BADL defined as difficulty or help needed with any of dressing, bathing, eating, getting in/out of bed or an arm chair, and using the toilet. Overall QoL dichotomised as favourable (ie, excellent or very good) or unfavourable (ie, good, fair or poor). Disturbance by any of the following 14 chronic symptoms for at least 6 months: Joint pain, back pain, chest pain, dyspnoea, persistent cough, swollen legs, memory gaps, difficulty concentrating, difficulty making decisions, dizziness/vertigo, skin problems, stomach/intestine problems, urinary incontinence and impaired sexual life.

Results Only 17.1% of participants did not report being disturbed by any of these chronic symptoms. Weighted prevalence ranged from 3.1% (chest pain) to 47.7% (joint pain). Most chronic symptoms were significantly associated with disability in BADL or unfavourable QoL, with substantial gender differences. The number of chronic symptoms was significantly associated with disability in BADL or unfavourable QoL, with gradients suggesting dose-response relationships. Joint pain and back pain had the highest population attributable fractions. Conclusions Chronic symptoms are highly prevalent in older people, and are associated with disability in BADL and unfavourable QoL, particularly when multiple chronic symptoms co-occur. Owing to their high public health impact, musculoskeletal chronic symptoms represent good targets for preventive interventions.
Formulation optimization and in vitro characterization of orally disintegrating films using a factorial design and mathematical modeling for drug release.

Lee Y., Thapa P., Jeong S.H., Woo M.H., Choi D.H.

Embase
Chemical and Pharmaceutical Bulletin. 65 (2) (pp 166-177), 2017. Date of Publication: 2017.

Even though experimental designs are becoming popular especially for conventional dosage forms, limited studies have been performed to optimize formulations of orally disintegrating films (ODFs). This study aimed to evaluate sildenafil citrate-loaded ODFs for a controlled release with hydroxypropyl methylcellulose as a film-forming polymer. A factorial design was utilized for optimization with three control factors: ethanol ratio, plasticizer ratio, and the type of plasticizer. Tensile strength, disintegration time, water contact angle, and thickness were chosen as responses. For optimization, water contact angle, disintegration time, and thickness were
minimized, while the tensile strength was maximized. Based on the conditions, optimal formulations were achieved for each type of plasticizer. Evaluation of desirability indicated that the response values were close to the target. When these optimal formulations were validated, the optimal solutions and target values were similar with small biases. The formulations were characterized using scanning electron microscopy, differential scanning calorimetry, Fourier transform infrared spectroscopy, surface pH, in vitro dissolution, and drug release simulation with a mathematical modeling. After the drug was homogenously dispersed throughout the film, the crystalline form of the drug provided strong hydrogen bonds between the drug and the film components. Moreover, it showed a controlled drug release profiles that were well matched with simulated results. This study suggests that the optimized films may present a better alternative to conventional tablets for the treatment of male erectile dysfunction. Copyright © 2017 The Pharmaceutical Society of Japan.


Status EMBASE

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Publisher Pharmaceutical Society of Japan (E-mail: doi@pharm.or.jp)

Date Created 20170208

Year of Publication 2017

567. Hypogonadism associated with muscle atrophy, physical inactivity and ESA hyporesponsiveness in men undergoing haemodialysis. <Hipogonadismo asociado a atrofia muscular, inactividad física e hiposensibilidad a FEE en varones sometidos a hemodialisis.>

Embase
Nefrologia. 37 (1) (pp 54-60), 2017. Date of Publication: 01 Jan 2017.

[Article]
AN: 614437234

Background Testosterone deficiency (hypogonadism) is common among men undergoing haemodialysis, but its clinical implications are not well characterized. Testosterone is an anabolic hormone that induces erythrocytosis and muscle synthesis. We hypothesized that testosterone deficiency would be associated with low muscle mass, physical inactivity and higher dosages of erythropoietin-stimulating agents (ESA). Methods Single-center cross-sectional study of 57 male haemodialysis patients. None of the patients was undergoing testosterone replacement therapy. Total testosterone was measured in serum. Body composition (by bioelectrical impedance analysis) and physical activity (by the use of pedometers) were assessed. Patients with testosterone levels below the normal range were considered hypogonadal. Results Mean testosterone level was 321 +/- 146 ng/dL; 20 patients (35%) were hypogonadal. Hypogonadal patients were older and had lower mean arterial blood pressure, higher interleukin-6 levels, lower lean body mass and higher fat body mass. A negative association between testosterone and normalized ESA dose was found in uni- and multivariate regression analyses. Testosterone levels directly correlated with lean body mass regardless of confounders. Hypogonadal patients had lower physical activity than their counterparts [2753 +/- 1784 vs. 4291 +/- 3225 steps/day (p = 0.04)]. The relationship between testosterone and physical activity was independent of age, comorbidities and inflammatory markers, but dependent on the proportion of muscle mass.

Conclusion Hypogonadism is common in our male haemodialysis population and is associated with higher ESA doses, reduced muscle mass and lower physical activity. The link between low testosterone levels and physical inactivity may conceivably relate to reduced muscle mass due to inadequate muscle protein synthesis. Copyright © 2016 Sociedad Espanola de Nefrologia

EMBASE
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Sildenafil citrate in combination with tamsulosin versus tamsulosin monotherapy for management of male lower urinary tract symptoms due to benign prostatic hyperplasia: A randomised, double-blind, placebo-controlled trial.

Fawzi A., Kamel M., Salem E., Desoky E., Omran M., Elgalaly H., Sakr A., Maarouf A., Khalil S.


Objective To assess the additive effect of sildenafil citrate to tamsulosin in the treatment of lower urinary tract symptoms due to benign prostatic hyperplasia (LUTS/BPH) in men with or without erectile dysfunction (ED). Patients and methods In all, 150 men with untreated LUTS/BPH with or without ED were randomised to receive sildenafil 25 mg once daily (OD) or placebo OD (night time) combined with tamsulosin 0.4 mg OD (day time) for 6 months. Changes from pre-treatment scores in International Prostate Symptom Score (IPSS), IPSS-quality of life (QoL) score, maximum urinary flow rate (Qmax), and the five-item version of the International Index of Erectile Function questionnaire (IIEF-5) were assessed at 3 and 6 months. Safety profiles were assessed by physical examination and monitoring clinical adverse events. Results Group A comprised of men who received tamsulosin and sildenafil (75 men), whilst those in Group B received tamsulosin and placebo (75). The IPSS was significantly improved in Group A compared to Group B, at -29.3% vs -13.7% (P = 0.039) at 3 months and -37% vs -19.6% (P = 0.043) at 6 months after treatment. Qmax significantly improved in both groups compared with before treatment (P < 0.001). The IIEF-5 scores improved more in Group A than in Group B, at 58.7% vs 11.7% at 3 months and 62.4% vs 12.4% at 6 months after treatment (both P < 0.001). Conclusion Sildenafil citrate combined with tamsulosin improved LUTS, erectile function, and patient QoL more than tamsulosin monotherapy with the merit of a comparable safety profile in patients with LUTS/BPH. Copyright © 2016 Arab Association of Urology

Status EMBASE
Sexual functioning of men and women with severe obesity before bariatric surgery.

Embase Surgery for Obesity and Related Diseases. 13 (2) (pp 334-343), 2017. Date of Publication: 01 Feb 2017.
[Article]
AN: 613976399

Background Obesity may impair sexual function through multiple mechanisms, but little is known about sexual dysfunction among adults with severe obesity seeking bariatric procedures.
Objectives To describe sexual function and associated factors before bariatric surgery. Setting Ten U.S. clinical facilities. Methods Before bariatric surgery, 2225 of 2458 Longitudinal Assessment of Bariatric Surgery-2 study participants (79% female, median age 45 years and median body mass index 46 kg/m2) completed a survey about sexual function over the past month. Mixed effects ordinal logistic regression models were used to identify factors independently related to 4 domains of sexual function. Results One third of women (34%) and one quarter of men (25%) were not sexually active, alone or with a partner, in the past month. Twenty-six percent of women and 12% of men reported no sexual desire. Physical health limited sexual activity at least moderately in 38% of women and 44% of men. About one half of the women (49%) and the men (54%) were moderately or very dissatisfied with their sexual life. Among women, older age, being Caucasian, urinary incontinence, depressive symptoms, and antidepressant medication use were associated with poorer sexual function in multiple domains.
In men, older age, not being married, depressive symptoms, and antidepressant medication use were associated with poorer sexual function in multiple domains. Conclusion Before bariatric surgery, approximately one half of women and men with severe obesity are dissatisfied with their sexual life. Older age, severity of depressive symptoms, and antidepressant medication use are associated with poorer sexual function in both sexes. Copyright © 2016

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2017

570.
Natural history of pure autonomic failure: A United States prospective cohort.

Embase

[Article]
Objective: To define the clinical features and biomarkers that predict which patients with pure autonomic failure will develop Parkinson disease, dementia with Lewy bodies, or multiple system atrophy. Methods: One hundred patients who presented with pure autonomic failure were recruited at 5 medical centers in the United States. Seventy-four patients agreed to be followed prospectively. Patients underwent clinical evaluations including neurological rating scales, sleep questionnaires, smell test, and sympathetic and parasympathetic cardiovascular autonomic function tests. Results: At enrollment, patients were 68 +/- 12 years old (median +/- interquartile range) and had had autonomic failure for 5 +/- 7 years. Within 4 years of follow-up, 25 of 74 subjects (34%) developed dementia with Lewy bodies (n = 13), Parkinson disease (n = 6), or multiple system atrophy (n = 6). The presence of probable rapid eye movement (REM) sleep behavior disorder was strongly associated with the development of a manifest central nervous system (CNS) synucleinopathy (odds ratio = 7.1). Patients who phenoconverted to multiple system atrophy had younger age at onset of autonomic failure, severe bladder/bowel dysfunction, preserved olfaction, and a cardiac chronotropic response upon tilt > 10 beats per minute. Those who phenoconverted to Parkinson disease or dementia with Lewy bodies had decreased olfaction, a lesser chronotropic response to tilt, and a longer duration of illness. The small group of patients retaining the pure autonomic failure phenotype had very low plasma norepinephrine levels, slow resting heart rate, no REM sleep behavior disorder, and preserved smell. Interpretation: Patients presenting with pure autonomic failure are at high risk of phenoconverting to a manifest CNS synucleinopathy. Specific clinical features predict future diagnosis. Ann Neurol 2017;81:287-297. Copyright © 2017 American Neurological Association
Erectile dysfunction in fit and healthy young men: Psychological or pathological?
Rastrelli G., Maggi M.
Embase
Translational Andrology and Urology. 6 (1) (pp 79-90), 2017. Date of Publication: 2017. [Review]
AN: 614521507
Epidemiological studies consistently show that prevalence of erectile dysfunction (ED) increases with ageing. Nonetheless, complaints of ED even in younger men are becoming more and more frequent. Healthcare professionals working in Sexual Medicine but even those operating in different clinical contexts might be adequately prepared to answer this increasing requirement. ED in younger men is likely to be overlooked and dismissed without performing any medical assessment, even the most basic ones, such as collection of medical history and physical exam. This is due to the widespread assumption that ED in younger individuals is a self-limiting condition, which does not deserve any clinical evaluation or therapy and can be managed only with patient reassurance. However, evidence shows that, in younger subjects, organic, psychological and relational conditions can contribute to the pathogenesis of ED and all these conditions might be evaluated and treated, whenever necessary. Among the organic conditions contributing to the onset of ED, metabolic and cardiovascular (CV) risk factors are surprisingly of particular relevance in this age group. In fact, in younger men with ED, even more than in older ones, recognizing CV risk factors or conditions suggestive of cardio-metabolic derangements can help identifying men who, although at low absolute risk due to young age, carry a high relative risk for development of CV events. In this view, the assessment of a possible organic component of ED even in younger individuals acquires a pivotal importance, because it offers the unique opportunity to unearth the presence of CV risk factors, thus allowing effective and high quality preventive interventions. Copyright © Translational Andrology and Urology. All rights reserved.
Status
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Chambers S.K., Chung E., Wittert G., Hyde M.K.

Embase

Translational Andrology and Urology. 6 (1) (pp 60-68), 2017. Date of Publication: 2017.

[Review]

AN: 614521489

Prostate cancer (PC) treatment side-effects such as erectile dysfunction (ED) can impact men's quality of life (QoL), psychosocial and psycho-sexual adjustment. Masculinity (i.e., men's identity or sense of themselves as being a man) may also be linked to how men respond to PC treatment and ED however the exact nature of this link is unclear. This review aims to provide a snapshot of the current state of evidence regarding ED, masculinity and psychosocial impacts after PC treatment. Three databases (Medline/PsycINFO, CINHAL, and EMBASE) were searched January 1st 1980 to January 31st 2016. Study inclusion criteria were: patients treated for PC; ED or sexual function measured; masculinity measured in quantitative studies or emerged as a theme in qualitative studies; included psychosocial or QoL outcome(s); published in English language, peer-reviewed journal articles. Fifty two articles (14 quantitative, 38 qualitative) met review criteria. Studies were predominantly cross-sectional, North American, samples of heterosexual men, with localised PC, and treated with radical prostatectomy. Results show that masculinity framed men's responses to, and was harmed by their experience with, ED after PC treatment. In qualitative studies, men with ED consistently reported lost (no longer a man) or diminished (less of a man) masculinity, and this was linked to depression, embarrassment, decreased self-worth,
and fear of being stigmatised. The correlation between ED and masculinity was similarly supported in quantitative studies. In two studies, masculinity was also a moderator of poorer QoL and mental health outcomes for PC patients with ED. In qualitative studies, masculinity underpinned how men interpreted and adjusted to their experience. Men used traditional (hegemonic) coping responses including emotional restraint, stoicism, acceptance, optimism, and humour or rationalised their experience relative to their age (ED inevitable), prolonged life (ED small price to pay), definition of sex (more than erection and penetration), other evidence of virility (already had children) or sexual prowess (sown a lot of wild oats). Limitations of studies reviewed included: poorly developed theoretical and context-specific measurement approaches; few quantitative empirical or prospective studies; moderating or mediating factors rarely assessed; heterogeneity (demographics, sexual orientation, treatment type) rarely considered. Clinicians and health practitioners can help PC patients with ED to broaden their perceptions of sexual relationships and assist them to make meaning out of their experience in ways that decrease the threat to their masculinity. The challenge going forward is to better unpack the relationship between ED and masculinity for PC patients by addressing the methodological limitations outlined so that interventions for ED that incorporate masculinity in a holistic way can be developed.

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2017
Understanding the cellular basis and pathophysiology of Peyronie's disease to optimize treatment for erectile dysfunction.
Campbell J., Alzubaidi R.
Embassy
Translational Andrology and Urology. 6 (1) (pp 46-59), 2017. Date of Publication: 2017.
[Review]
AN: 614521468
Erectile dysfunction (ED) is a common condition that significantly impacts a man's physical and psychological well-being. ED is often associated with Peyronie's disease (PD), which is an abnormal curvature of the penis. Delayed treatment or surgical invention for PD often results in ED and therefore unsatisfied patients. The pathophysiology of PD is incompletely understood, but has been studied extensively and based on our current understanding of PD physiology, many medical treatment options have been proposed. In this paper, we will review what is known about the pathophysiology of PD and the medical treatment options that have been trialed as a result. More investigations in regards to the basic science of PD need to be carried out in order to elucidate the exact mechanisms of the fibrosis, and propose new, more successful treatment options which should be implemented prior to the onset of ED. Copyright © Translational Andrology and Urology. All rights reserved.
Status
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Publisher
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Date Created
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2017
Radical prostatectomy (RP) techniques have been refined in the last few decades. Despite nervesparing surgery, erectile dysfunction (ED) still seems to be affecting more than half of patients undergoing RP. Penile rehabilitation consists of understanding the mechanisms that affect erectile function (EF) and utilizing pharmacologic agents, devices or interventions to promote male sexual function before and after any insult to the penile erectile physiologic axis. There currently is a limited amount of clinical trials that assess treatments with the goal of recovering post-prostatectomy EF. The goal of this article is to assess a contemporary series of trials that study penile rehabilitation. Although the current evidence lacks to prove its irrefutable effectiveness, advancements in research and technology forecast a promising future in penile rehabilitation management. Copyright © Translational Andrology and Urology. All rights reserved.
Contemporary Review of Grafting Techniques for the Surgical Treatment of Peyronie's Disease.
Hatzichristodoulou G., Osmonov D., Kubler H., Hellstrom W.J.G., Yafi F.A.
Embase
[Article In Press]
AN: 614616872
Introduction: Peyronie's disease (PD) is a benign fibrotic disorder of the tunica albuginea of the penis, which can cause penile pain, curvature, shortening, erectile dysfunction, and psychological distress. Surgery is indicated when penile curvature prevents satisfactory sexual intercourse. Plaque incision or excision with grafting has been suggested as an option in patients with a penile curvature greater than 60 degrees, a shortened penis, and/or an hourglass or complex deformity.
Aim: To provide an overview of recent studies reporting outcomes of grafting techniques and to report advances in the development of new grafting materials for PD surgery. Methods: A literature review was performed through PubMed from 2011 through 2016 regarding grafting techniques for PD. Key words used for the search were grafting techniques, grafts, graft materials, Peyronie's disease, surgical outcomes, and surgical therapy. Main Outcome Measures: To report on novel and promising graft materials for PD and to discuss surgical techniques, outcomes, and limitations. Discussed outcomes include postoperative penile straightening, shortening, erectile function, glans sensation, and patient satisfaction. Results: Various surgical techniques and grafting materials can be used for the coverage of the tunica albuginea defect after partial plaque excision or incision. Autologous and non-autologous grafts have been used in this setting. A major advantage of the available "off-the-shelf" grafts is that they do not require donor site harvesting, thus decreasing morbidity and operative time. Tissue-engineered grafts represent the future, but more research is needed to further improve surgical handling and postoperative outcomes. Conclusion: Patients opting for grafting techniques should have sufficient erectile rigidity preoperatively. Surgeon experience, careful patient selection, patient preference, and type of penile deformity affect the choice of graft and surgical approach used.
Status
ARTICLE IN PRESS
Institution
Adherence to treatment in men with hypogonadotrophic hypogonadism.

Dwyer A.A., Tiemensma J., Quinton R., Pitteloud N., Morin D.

Embase
Clinical Endocrinology. 86 (3) (pp 377-383), 2017. Date of Publication: 01 Mar 2017.
[Article]

AN: 614107039

Objective: Men with congenital hypogonadotrophic hypogonadism (CHH) typically require lifelong hormonal therapy, and discontinuing treatment can have negative health consequences. Little is known about adherence to treatment or the psychosocial impact of CHH. Design: A sequential, multiple methods approach was used. A quantitative online survey assessed adherence to treatment, depressive symptoms and illness perceptions. Subsequently, qualitative focus groups explored patient-reported factors for adherence. Patients: Adult men with CHH on at least 1 year of treatment were recruited internationally. Measurements: Adherence (Morisky medication adherence scale), depressive symptoms (Zung self-rating depression scale) and patient perception of CHH (revised illness perception questionnaire) were assessed in an online survey, and comparisons were made to reference groups. Patient focus group discussions were conducted and thematic analysis was employed to identify patient-reported factors for adherence. Results: In total, 101 men on long-term treatment were included (mean age 37 +/- 11 years). Forty three percent (43/101) exhibited low medication adherence and a significantly elevated prevalence of mild, moderate or severe depressive symptoms (27%, 17%, 20%, respectively, all
P < 0.001 vs reference population). Patients reported negative illness perceptions and significant psychosocial consequences. Focus group discussions (n = 3, 26 total patients) identified patient-, health professional- and healthcare system-related barriers as targets for improving adherence. Conclusions: Congenital hypogonadotrophic hypogonadism men are challenged to adhere to long-term treatment. Poor adherence may contribute to adverse effects on bone, sexual and psychological health. The psychosocial morbidity of CHH is significant and appears to be underappreciated by healthcare providers. Copyright © 2016 John Wiley & Sons Ltd Status EMBASE Institution (Dwyer, Morin) Institute of Higher Education and Research in Healthcare, University of Lausanne, Lausanne, Switzerland (Dwyer, Pitteloud) Endocrinology, Diabetes & Metabolism Service of the Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland (Tiemensma) Department of Psychology, University of California Merced, Merced, CA, United States (Quinton) Department of Endocrinology, Institute for Human Genetics, University of Newcastle-upon-Tyne, Newcastle-upon-Tyne, United Kingdom (Pitteloud) Department of Physiology, Faculty of Biology & Medicine, University of Lausanne, Lausanne, Switzerland (Morin) Faculty of Nursing Science, Laval University, Quebec City, QC, Canada Publisher Blackwell Publishing Ltd (E-mail: customerservices@oxonblackwellpublishing.com) Date Created 20170302 Year of Publication 2017

577.
Objective: While androgen deprivation therapy (ADT) has been associated with decreased quality of life (QoL), controlled prospective studies are lacking. We aimed to assess QoL during ADT using two validated questionnaires and determine contributing factors. Design: Prospective controlled study. Patients: Sixty-three men with nonmetastatic prostate cancer newly commencing ADT (n = 34) and age- and radiotherapy-matched prostate cancer controls (n = 29). Measurements: QoL was measured by Short-Form 12 version 2 survey (SF-12) and Aging Males’ Symptoms (AMS) score at 0, 6 and 12 months. Generalized linear models determined the mean adjusted difference (MAD) (95% confidence interval) between groups during follow-up. Results: Compared to controls over 12 months, men receiving ADT had decreased SF-12 physical component score [MAD -3.61 (-6.94, -0.29), P = 0.013] reflecting worsening QoL but no change in the mental component (P = 0.74). Total AMS score increased [MAD 9.35 (5.65, 13.07), P < 0.001], reflecting worse QoL. Both SF-12 and AMS changes were greater than reported minimum clinically important differences. AMS sub-domains showed increased somatic [MAD 3.96 (1.94, 5.99), P < 0.001] and sexual [MAD 3.80 (2.16, 5.44), P < 0.001] components but not psychological (P = 0.19). Decrements were related to an increase in hot flushes (P = 0.016) but not haemoglobin decrease (P = 0.46). Conclusions: Within 12 months, ADT is associated with clinically significant decreased QoL, particularly physical and sexual aspects, independent of the confounding effects of a cancer diagnosis or radiotherapy. As QoL is a crucial aspect of prostate cancer treatment, addressing hot flushes, sexual dysfunction and exercise may potentially improve outcomes for men undergoing ADT.
A New Diagnostic Arabic Questionnaire for Detecting Various Nonchemical Addictive Behaviors.

Addictive Disorders and their Treatment. 16 (1) (pp 1-5), 2017. Date of Publication: 2017.
[Article]
AN: 613130083

Background: Addictions to psychoactive substances such as tobacco and others have been widely investigated, and recently interest has been developing in potential nonsubstance-addictive behaviors (eg, gambling, buying, or playing video games). Methodology: In the current study, we sought to develop a questionnaire obtained from the Yale addictive food questionnaire Arabic version, and compare it with a Gold standard tool, which is the semi-structured ICD10 diagnostic-based interview. We also sought to determine the prevalence of some addictive behaviors in a sample of 100 participants displaying any addictive behaviors drawn from 2 governorates in Egypt (Cairo and Aswan). A Null Hypothesis was postulated that there is no difference within the sociodemographic variables with regard to the type of the nonchemical addictive behaviors. Results: The questionnaire sensitivity was 86% with a plausible specificity of 50%, making it a very good screening tool. About 81% of the participants (n=81) showed addiction-like attitude toward the concerning behaviors. Conclusions: Besides the usual psychoactive substance dependence, there are wide ranges of behaviors that cause a lot of psychological burden and unfortunately are not under the spotlight of medical services.
The supply of recreational drugs has changed in the early 2000s and users increasingly buy cathinones over the Internet. There is a potential for significant toxicity associated with their use. Cathinone named "NRG-3" seems to be the most popular in Parisian CEIP data: the adverse events related to use of NRG-3 from 2011 to 2015 are reported. We aim at determining the chemical composition of NRG-3 available over the Internet and whether products differ depending on retailers. Three powders labelled "NRG-3" were purchased on July 2012 from three different Internet sites, moreover one capsule and one powder labelled "NRG-3" was given by drug users. These were analysed by LC-MSMS to determine active ingredients. The cathinones class was detected, without active adulterant. A great inconsistency in the qualitative and quantitative composition of products bearing identical labelling "NRG-3" was shown. We found two different single components: methylene dioxyppyrovalerone (MDPV) and alpha-pyrrolidinopentiophenone (alpha-PVP) with mixture preparations in (3/5) samples. alpha-PVP varied from 4 to 80% and MDPV varied from 0 to 70%. There was significant variation of the products contained in NRG-3. This variation could be of clinical significance as the NRG-3 can be associated with worrisome toxicity. Marked agitation with violent and unpredictable acts is reported with MDPV: this molecule has a higher ability to cross the blood brain barrier because the pyrrolidine ring confers a low polarity. Given the plethora of NPS, proper drug identification is core essential for harm reduction associated with empowered users through education. Copyright © 2016 Societe Francaise de Toxicologie Analytique
Hepatocellular adenoma among adult survivors of childhood and young adult cancer.
Tonorezos E.S., Barnea D., Abou-Alfa G.K., Bromberg J., D'Angelica M., Sklar C.A., Shia J., Oeffinger K.C.
Embase
Pediatric Blood and Cancer. 64 (4) (no pagination), 2017. Article Number: e26294. Date of Publication: 01 Apr 2017.
[Article]
AN: 613516221
Hepatocellular adenoma (HCA) is a rare benign epithelial neoplasm with potential for hemorrhage, rupture, or malignant transformation. Reported annual incidence of HCA is approximately 1/1,000,000. We identified 12 cases of HCA among adults with a history of childhood or young adult cancer. The most common cancer diagnosis was leukemia (N = 4). Five had undergone allogeneic hematopoietic stem cell transplant with total body irradiation. All 11 females had prior estrogen therapy; the male case was hypogonadal. This report suggests childhood and young adult cancer survivors may be at increased risk for HCA, but further investigation is needed. Copyright © 2016 Wiley Periodicals, Inc.
Status
EMBASE
Institution
Comparing the symptom experience of cancer patients and non-cancer patients.
Deshields T.L., Penalba V., Liu J., Avery J.
Embase
Supportive Care in Cancer. 25 (4) (pp 1103-1109), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 613690063
Purpose: Symptom burden is an established concept in oncology encompassing the presence and severity of symptoms experienced by cancer patients. Few studies have examined differences in symptom burden between cancer patients and non-cancer patients. This study seeks to examine the differences in symptom burden between cancer patients (CP) and non-cancer patients (NCP) in order to better understand symptom burden in both populations.
Methods: Two groups of patients completed the Memorial Symptom Assessment Scale: 301 patients from a general medical clinic and 558 cancer patients from a cancer tumor registry. Participants provided demographic information-age, race/ethnicity, and sex and completed the Memorial Symptom Assessment Scale. Medical comorbidity was also measured. Results: Most symptoms were more common in CP, except for pain, which was more prevalent in the NCP (45% of CP vs. 54% of NCP, p < .05). There was no difference in prevalence for the following symptoms: dry mouth, mouth sores, feeling nervous, worry, cough, and dizziness. The CP had greater mean MSAS Total scores (0.53 vs. 0.43, p < .01), number of symptoms (9.11 vs. 6.13, p < .01), and psychological subscale scores (0.77 vs. 0.64, p < .05). There was no difference by group in the physical nor the GDI subscale scores. Conclusion: The results of this study support the perception that cancer patients have greater symptom burden. There were some unexpected
results, particularly in terms of pain, which was more common in NCP and other symptoms that were experienced equally in both patient populations. Copyright © 2016, Springer-Verlag Berlin Heidelberg.

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582.
Toxoplasma-infected subjects report an Obsessive-Compulsive Disorder diagnosis more often and score higher in Obsessive-Compulsive Inventory.
Flegr J., Horacek J.
Embase
European Psychiatry. 40 (pp 82-87), 2017. Date of Publication: 01 Feb 2017.
[Article]
AN: 613702358
Background Latent toxoplasmosis, the life-long presence of dormant stages of Toxoplasma in immunoprivileged organs and of anamnestic IgG antibodies in blood, affects about 30% of humans. Infected subjects have an increased incidence of various disorders, including schizophrenia. Several studies, as well as the character of toxoplasmosis-associated disturbance of neurotransmitters, suggest that toxoplasmosis could also play an etiological role in Obsessive-Compulsive Disorder (OCD). Methods The aim of the present cross-sectional study performed on
a population of 7471 volunteers was to confirm the association between toxoplasmosis and OCD, and toxoplasmosis and psychological symptoms of OCD estimated by the standard Obsessive-Compulsive Inventory-Revised (OCI-R). Results Incidence of OCD was 2.18% (n = 39) in men and 2.28% (n = 83) in women. Subjects with toxoplasmosis had about a 2.5 times higher odds of OCD and about a 2.7 times higher odds of learning disabilities. The incidence of 18 other neuropsychiatric disorders did not differ between Toxoplasma-infected and Toxoplasma-free subjects. The infected subjects, even the OCD-free subjects, scored higher on the OCI-R. Limitations: Examined subjects provided the information about their toxoplasmosis and OCD statuses themselves, which could result in underrating the strength of observed associations. Conclusions The results confirmed earlier reports of the association between toxoplasmosis and OCD. They also support recent claims that latent toxoplasmosis is in fact a serious disease with many impacts on quality of life of patients. Copyright © 2016 Elsevier Masson SAS

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Bacconi L., Gressier F.

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Introduction Sexual dysfunction is an important public health problem in men and is associated with reduced quality of life. It is more common in patients with schizophrenia. It is well-established that antipsychotic drugs cause sexual dysfunction with consequences on the quality of life of patients, adherence to treatment, and public health costs. Phosphodiesterase type 5 inhibitors (PDE5 inhibitors) are indicated for the management of erectile dysfunction. However, there is little information on such treatment in schizophrenic patients. This literature review aimed to summarize the current data on the efficacy and tolerability of PDE-5 inhibitors in the erectile dysfunction in schizophrenic patients. Material and methods PubMed, PsycInfo and Cochrane databases were searched for studies published until August 2014. Results Only 6 studies met the inclusion criteria. Three were randomized, double-blind, cross-over, placebo-controlled trials and three were open studies. Various scales were used to measure erectile and orgasmic function, desire, satisfaction during intercourse, overall satisfaction, quality of life and intensity of schizophrenic symptoms. In the 3 randomized studies (one with sildenafil 25-50 mg, one with lodenafil carbonate 80 mg/j and the last one with tadalafl 10 mg), the rate of participants who completed the trial was high (around 95 %). All three included patients with schizophrenia or schizophrenia spectrum disorders. Patients reported significant improvement on sexual dysfunction. However, no statistical difference was reported between lodenafil and placebo, on different scales, suggesting a very important placebo effect in patients with schizophrenia. All three found a good tolerance of PDE-5 inhibitors. Side effects were rare and were mainly nasal congestion, headaches, nausea and dizziness. There were no major side effects or drug interactions. Considering the 3 open studies, 2 involved sildenafil and one tadalafl. All concluded in improved erectile and orgasmic function, desire, satisfaction during intercourse, overall satisfaction, and even the quality of life when it was studied. However, very few patients were included. Discussion Little data are available on the use of PDE5 inhibitors in schizophrenic patients. The 6 studies included few patients which reduces the power and the scope of their conclusions. There is also an important bias due to the use of self-questionnaires. The methodologies of the studies differ in many aspects which limits the comparability. Inclusion and exclusion criteria, drugs used and scales varied among the studies. However, the management of erectile disorder seems to be a consistent target in an integrative approach for the overall well-being of schizophrenic patients. PDE-5 inhibitors appear to be safe and could improve erectile function in schizophrenic patients. Conclusion In total, the current data suggest efficiency and good tolerance of the use of PDE-5 inhibitors in schizophrenic patients with erectile dysfunction. However, further studies focusing on PDE-5 inhibitors are needed to more deeply assess their efficacy and safety in patients with schizophrenia. Copyright © 2016 L'Encephale, Paris
Association of Sleep Disordered Breathing with Erectile Dysfunction in Community Dwelling Older Men.
Bozorgmehri S., Fink H.A., Parimi N., Canales B., Ensrud K.E., Ancoli-Israel S., Canales M.

Embase
[Article]
AN: 614207235

Purpose We investigated the association between sleep disordered breathing and erectile dysfunction in older men. Materials and Methods We performed a cross-sectional analysis of community dwelling men age 67 years or older enrolled in the Osteoporotic Fractures in Men Sleep Study. Participants underwent overnight polysomnography (2003 to 2005) and completed sexual health questionnaires (2005 to 2006). We defined sleep disordered breathing using the apnea-hypopnea index or nocturnal hypoxemia. Erectile dysfunction was defined using the MMAS (Massachusetts Male Aging Study) scale and, in sexually active men, the International Index of Erectile Function. We used logistic regression to examine the association between sleep disordered breathing and erectile dysfunction. Results Mean participant age was 76 +/- 5 years. Of the 2,676 men completing the MMAS, 70% had moderate to complete erectile dysfunction. Among 1,099 sexually active men completing the IIEF-5 (5-item International Index of Erectile Function), 26% had moderate to severe erectile dysfunction. A higher apnea-hypopnea index was associated with greater odds of MMAS defined moderate to complete erectile dysfunction after
adjusting for age and study site (OR 1.39, 95% CI 1.00-1.92 for severe sleep disordered breathing vs none, p trend=0.008), but not after further adjustment for body mass index, socioeconomic status and comorbidities (OR 1.05, 95% CI 0.75-1.49, p trend=0.452). Greater nocturnal hypoxemia was associated with increased odds of MMAS defined moderate to complete erectile dysfunction (unadjusted OR 1.36, 95% CI 1.04-1.80 vs none) but this was attenuated after adjustment for age and study site (OR 1.24, 95% CI 0.92-1.66). Sleep disordered breathing was not associated with erectile dysfunction by 5-item International Index of Erectile Function. Conclusions In this cross-sectional analysis in older men sleep disordered breathing was associated with higher odds of erectile dysfunction in unadjusted analyses that was largely explained by higher body mass index and increased comorbidity among men with sleep disordered breathing. Prospective studies accounting for obesity and multimorbidity would further clarify the association of sleep disordered breathing and erectile dysfunction. Copyright © 2017 American Urological Association Education and Research, Inc.
Nanoknife Electroporation Ablation Trial: A Prospective Development Study Investigating Focal Irreversible Electroporation for Localized Prostate Cancer.


Purpose Irreversible electroporation has attractive attributes for focal ablation, namely nonthermal effect, precise demarcation of treatment and tissue selectivity. We report a prospective development study investigating focal irreversible electroporation.

Materials and Methods A total of 20 men with certain characteristics were recruited for study, including a visible index lesion on anterior magnetic resonance imaging that was concordant with transperineal targeted and template prostate mapping biopsy, absent clinically significant disease noted elsewhere (University College London definition 2) and prostate specific antigen 15 ng/ml or less. Our primary objective was to determine the side effect profile at 12 months. Secondary objectives included the domain specific toxicity profile using patient reported outcomes and early disease control using magnetic resonance imaging targeted biopsy. Results A total of 19 patients with median age of 60 years (IQR 53-66) and median prostate specific antigen 7.75 ng/ml (IQR 5.5-10.03) were treated. Of the patients 16 were available for estimating the first outcome as 1 was lost to followup and 2 had received another form of treatment by study end. All 16 men had pad-free/leak-free continence at 12 months. The proportion of men with erection sufficient for penetration decreased from 12 of 16 (75%) to 11 of 16 (69%). No serious adverse events were recorded. There was a statistically significant improvement in urinary symptoms according to changes in UCLA-EPIC (UCLA Expanded Prostate Cancer Index Composite) and I-PSS (International Prostate Symptom Score) (p = 0.039 and 0.001, respectively). Erectile function remained stable according to the change in IIEF-15 (15-Item International Index of Erectile Function) (p = 0.572). Median prostate specific antigen significantly decreased to 1.71 ng/ml (p =
One man refused followup biopsy. No residual disease was found in 11 patients (61.1%). One man (5.6%) harbored clinically insignificant disease and the remaining 6 (33.3%) harbored clinically significant disease. Conclusions Focal irreversible electroporation has low genitourinary toxicity. Additional studies are needed to optimize patient selection and treatment parameters.

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586.
Testosterone Deficiency and Testosterone Treatment in Older Men.
Saad F., Rohrig G., Von Haehling S., Traish A.
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Frailty is a clinical condition related to changes in metabolism, to sarcopenia, and to decline in muscle mass and strength, bone mineral density, and physical function with aging. The pathophysiology of frailty is multifactorial and associated with comorbidities. Testosterone is implicated in regulating metabolic functions, maintenance of muscle and bone, and inhibition of adipogenesis. In older individuals, reduced testosterone is thought to contribute to an altered state of metabolism, loss of muscle and bone, and increased fat, leading to sarcopenia, sarcopenic obesity, and frailty. While no direct relationship between testosterone deficiency (commonly known as hypogonadism) and frailty has been established (due to the multifactorial nature of frailty), clinical evidence suggests that testosterone deficiency is associated with increased sarcopenia and obesity. Testosterone treatment in frail older men with limited mobility and with testosterone deficiency improved insulin resistance, glucose metabolism, and body composition. These changes contribute to better physical function and improved quality of life. Because frailty increases disability, comorbidities, and the risk of hospitalization, institutionalization, and mortality in older men, it is warranted to explore the potential usefulness of testosterone treatment in frail men with hypogonadism in order to attenuate the progression of sarcopenia and frailty. In this paper, we will discuss the impact of testosterone deficiency on frailty and the potential role of testosterone treatment in ameliorating and reducing the progression of frailty. Such an approach may reduce disability and the risk of hospitalization and increase functional independence and quality of life. Copyright © 2016 S. Karger AG, Basel.
587.

Fredrick A., Erickson B.A., Stensland K., Vanni A.J.
Embace
[Article]
AN: 614251997

Purpose Bulbar urethroplasty outcomes studies have shown low but significant rates of post-void dribbling and ejaculatory dysfunction. The bulbospongiosus muscle is involved with the expulsion of seminal fluid and urine from the bulbar urethra and, thus, we hypothesized that performing urethroplasty using a technique that does not split the muscle may result in better postoperative patient reported ejaculatory function and less post-void dribbling. Materials and Methods We performed a multi-institutional matched, case-control analysis comparing men treated with a bulbospongiosus sparing technique to men treated with the traditional nonbulbospongiosus sparing technique. Preoperative and postoperative (3 to 12 months) ejaculatory function was assessed using the 4 ejaculatory questions of the Male Sexual Health Questionnaire short form as well as a patient perception questionnaire. Post-void dribbling was assessed using a validated urethroplasty questionnaire. Results A total of 25 patients who underwent bulbospongiosus sparing urethroplasty and 25 who underwent nonbulbospongiosus sparing urethroplasty were matched by total preoperative Male Sexual Health Questionnaire score, age, and performance of excision and primary anastomosis. The bulbospongiosus sparing and nonbulbospongiosus sparing groups had similar postoperative total Male Sexual Health Questionnaire scores (15.24 vs 15.40, respectively, p=0.90) and there were no significant postoperative questionnaire score changes in either group (bulbospongiosus sparing 14.56 to 15.24, p=0.4; nonbulbospongiosus sparing 14.64 vs 15.40, p=0.44). Individual responses to the Male Sexual Health Questionnaire were analyzed and no statistically significant difference was found between the groups. Rates of postoperative post-void dribbling and perception of ejaculatory function were similar between the groups. Conclusions Sparing the bulbospongiosus muscle during urethroplasty does not seem to have a significant impact on patient reported ejaculatory function or post-void dribbling compared
588.

Early Postoperative Radiotherapy is Associated with Worse Functional Outcomes in Patients with Prostate Cancer.
Zaffuto E., Gandaglia G., Fossati N., Dell'Oglio P., Moschini M., Cucchiara V., Suardi N., Mirone V., Bandini M., Shariat S.F., Karakiewicz P.I., Montorsi F., Briganti A.

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Purpose The effect of time between radical prostatectomy and radiation therapy on postoperative functional outcomes is still unclear in patients with surgically managed prostate cancer. We hypothesized that a shorter time between radical prostatectomy and radiotherapy might be associated with worse functional recovery rates after radical prostatectomy. Materials and Methods We retrospectively evaluated 2,190 patients treated with radical prostatectomy and stratified according to radiotherapy schedule (adjuvant radiotherapy, salvage radiotherapy, no radiotherapy). We examined recovery rates for erectile function and urinary function according to adjuvant radiotherapy, salvage radiotherapy and no radiotherapy, and according to time from surgery to radiotherapy. Cox regression analyses were used to evaluate the impact of these
predictors on functional outcomes. Results Median followup was 48 months. The 3-year erectile function recovery rates were 35.0%, 29.0% and 11.6% in patients who received no radiotherapy, salvage radiotherapy and adjuvant radiotherapy, respectively (p <0.001), and differed significantly according to time to radiotherapy (11.7% vs 34.7% for less than 1 year vs 1 year or more, respectively, p <0.001). The 3-year urinary continence recovery rates were 70.7%, 59.0% and 42.2% in patients who received no radiotherapy, salvage radiotherapy and adjuvant radiotherapy, respectively (p <0.001), and differed according to time to radiotherapy (43.5% vs 62.7% for less than 1 year vs 1 year or more, respectively, p <0.001). Cox regression analyses confirmed the negative impact of early radiotherapy on recovery rates for erectile function and urinary continence. Conclusions Time from radical prostatectomy to radiotherapy has an important role in the recovery of erectile function and urinary continence. Delayed radiotherapy is preferred to improve functional outcomes after surgery. Copyright © 2017 American Urological Association Education and Research, Inc.

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589.
Within- and across-sex inheritance of bone microarchitecture.
Pepe J., Biver E., Bonnet N., Herrmann F.R., Rizzoli R., Chevalley T., Ferrari S.L.
Context: The maternal heritability of bone microarchitecture according to the sex of the offspring is not known. Objective: To explore sex difference and influence of mother's menopausal status on the heritability of bone microarchitecture between mothers and their offspring. Subjects and Methods: In 102 mother-daughter and 161 mother-son pairs, volumetric bone mineral density (BMD) and bone microarchitecture were measured at the distal radius and tibia by high-resolution peripheral quantitative computed tomography. A principal components analysis was applied for the radius and the tibia volumetric BMD and microarchitecture parameters separately. Two components, a trabecular one and a cortical one were identified at the radius and tibia. Half heritability (1/2h2) was estimated as the slope of the regression between offspring and mothers for each bone parameter separately. Results: The mean age (± standard deviation) of mothers and daughters was 50.6 ± 4.1 years and 20.4 ± 0.5 years, respectively; that of mothers and sons was 45.8 ± 3.9 years and 15.2 ± 0.5 years, respectively. Most trabecular and cortical parameters were inherited in both mother-daughter and mother-son pairs (b = 0.15 to 0.33; P = 0.05 to 0.001). At the tibia, trabecular and cortical principal components were significantly inherited in both sexes, whereas only the trabecular one was inherited at the radius (1/2h2, 21% to 35%). There was no difference in heritability of bone microarchitecture between mother-daughter and mother-son pairs. All heritabilities remained after adjustment for age, weight, height, gonadal status, and areal BMD (1/2h2, 9% to 25%). In the mother-daughter pairs, there was no systematic drop of heritability across menopause. Conclusions: Volumetric bone density and microarchitecture are highly and similarly inherited between and within sexes. The genetic effects remain predominant across menopause. Copyright © 2017 by the Endocrine Society.

Background: Pediatric cancer survivors are at increased risk of developing low bone mineral density (BMD) due to cancer treatment. This study assessed the yield of screening for low BMD in pediatric-aged cancer survivors as per the Children’s Oncology Group Long-Term Follow-Up (COG-LTFU) Guidelines, which recommend screening survivors who received steroids, methotrexate, or hematopoietic cell transplant (HCT). Methods: This is a retrospective cohort study of 475 pediatric blood cancer and noncentral nervous system solid tumor survivors screened for low BMD with dual-energy X-ray absorptiometry (DXA) as per the COG-LTFU Guidelines from 2003 to 2010. Risk factors for low BMD (DXA Z-score < -2) were evaluated by univariate and multivariate analysis. Results: The mean DXA Z-score was -0.1 for both whole body and lumbar spine measurements. Among at-risk survivors, 8.2% (39/475) had low BMD. Multivariate analysis of survivors with low BMD showed significant association with male gender (odds ratio [OR] 3.4, 95% confidence interval [CI], 1.3-9.0), exposure to total body irradiation (TBI), cranial, or craniospinal radiation (OR 5.2, 95% CI, 1.8-14.9), and gonadal dysfunction (OR 4.3, 95% CI, 1.4-13.0). Methotrexate exposure was not significantly associated with low BMD. Survivors receiving HCT had a reduced risk of low BMD (OR 0.2, 95% CI, 0.1-0.9). Conclusion: The highest risk factors for low BMD were male gender, exposure to TBI, cranial, or craniospinal radiation, and gonadal dysfunction. Survivors receiving methotrexate or HCT therapy have the lowest risk for low BMD among those screened. Future studies should investigate risk of low BMD for survivors receiving HCT without radiation exposure. Copyright © 2017 Wiley Periodicals, Inc.
591.
Penile Lengthening, Girth, and Size Preservation at the Time of Penile Prosthesis Insertion.
Tran H., Goldfarb R., Ackerman A., Valenzuela R.J.
Embase
[Article In Press]
AN: 614560329
Introduction: Penile prosthetic devices are the gold standard treatment of medication-refractory erectile dysfunction. Inflatable penile prosthetic (IPP) devices have been available and used for more than four decades. Oftentimes, medical conditions causing erectile dysfunction also cause penile shortening, causing decreased patient quality of life. Aim: To identify and review all available penile lengthening procedures that can be performed at time of IPP insertion. Methods: An extensive, systematic literature review was performed using PubMed searching for key terms penile lengthening, inflatable penile prosthesis, penile girth, corporoplasty, glans augmentation,
and penile enhancement; all articles with subjective and/or objective penile length outcomes were reviewed. Main Outcome Measures: A review of various techniques for penile length and girth preservation and enhancement during penile prosthesis insertion. Results: Several advanced and novel techniques were found for penile length preservation and enhancement at time of IPP insertion, including the sub-coronal IPP insertion technique, and adjuvant maneuvers during insertion, such as the sliding technique, modified sliding technique, multiple slice technique, and circumferential incision and grafting. Other adjuvant techniques that can enhance perception of increased length include ventral phalloplasty, suprapubic lipectomy, and suspensory ligament release. Further enhancement can be obtained using augmentation corporoplasty and glans augmentation with hyaluronic acid and other fillers. The different techniques vary in complexity and could require specialized training and experience. Maximum length gain appears to be limited by the length of the neurovascular bundles. Conclusion: Overall, surgical penile lengthening procedures at time of IPP insertion appear safe and effective for treatment of patients with penile shortening and severe erectile dysfunction. These therapies can significantly improve patient self-esteem and quality of life in properly selected patients. Tran H, Goldfarb R, Ackerman A, Valenzuela RJ. Penile Lengthening, Girth and Size Preservation at the Time of Penile Prosthesis Insertion. Sex Med Rev 2017;X:XXX-XXX. Copyright © 2017 International Society for Sexual Medicine.

Status
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592.
Dopa-testotoxicosis: disruptive hypersexuality in hypogonadal men with prolactinomas treated with dopamine agonists.
Dopamine agonists are the first line of therapy for prolactinomas, with high rates of biochemical control and tumour shrinkage. Toxicity is considered to be low and manageable by switching of agents and dose reduction. Dopamine agonist-induced impulse control disorders are well described in the neurology setting, but further data are required regarding this toxicity in prolactinoma patients. We performed a multicenter retrospective cohort study of eight men with prolactinomas and associated central hypogonadism. The eight men had no prior history of psychiatric disease, but each developed disruptive hypersexuality whilst on dopamine agonist therapy at various doses. Cabergoline, bromocriptine and quinagolide were all implicated. Hypersexuality had manifold consequences, including relationship discord, financial loss, reduced work performance, and illicit activity. We hypothesise that this phenomenon is due to synergy between reward pathway stimulation by dopamine agonists, together with rapid restoration of the eugonadal state after prolonged hypogonadism. We refer here to this distinct drug toxicity as 'dopa-testotoxicosis'. Given the profound impact in these patients and their families, cessation of dopamine agonists should be considered in men who develop hypersexuality, and pituitary surgery may be required to facilitate this. Awareness of this distinct impulse control disorder should enable further research into the prevalence, natural history and management of dopa-testotoxicosis. The condition is likely under-reported due to the highly personal nature of the symptoms and we suggest a simple written questionnaire to screen for hypersexuality and other behavioural symptoms within the first six months of dopamine agonist treatment. Copyright © 2016, Springer Science+Business Media New York.
593.
Tolerability of effective high doses of paliperidone palmitate in patients with severe resistant schizophrenia.
Fernandez-Miranda J.J., Diaz-Fernandez S.
Embase
International Clinical Psychopharmacology. 32 (1) (pp 6-12), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 612817686
The aim of the study was to evaluate the effectiveness and tolerability of doses of paliperidone palmitate (PP) of 175 mgEq and over/28 days in patients with severe schizophrenia [Clinical Global Impression-Severity scale (CGI-S)>5] and their retention in treatment. A 36-month prospective, observational study was carried out of patients with severe schizophrenia who were treated with 175 mg and over every 28 days of PP to achieve clinical stabilization (N=30). Assessment included CGI-S, WHO Disability Assessment Schedule, Camberwell Assessment of Need, and Medication Adherence Report Scale. Laboratory tests, weight, side effects, reasons for discharge, and hospital admissions were measured. The average dose of PP was 228.7 (11.9) mgEq/28 days. There was one discharge because of side effects. Weight and prolactin levels decreased. After 3 years, CGI-S (P<0.01), Camberwell Assessment of Need (P<0.01), and WHO Disability Assessment Schedule in the four areas (P<0.05) decreased. The Medication Adherence Report Scale increased (P<0.001). There were fewer hospital admissions (P<0.001). Retention in treatment after 36 months was 90%. Tolerability of 175 mgEq/28 days and over of PP was very good, being useful in improving treatment adherence in severely ill patients and helping in this way to achieve clinical stabilization and better social functioning. These patients
were clozapine candidates; thus, high doses of PP could be an alternative for them.

Gender effect on non-motor symptoms in Parkinson's disease: are men more at risk?.

Morgante L., Barone P., Quattrone A., Zappia M.

Gender effect on non-motor symptoms in Parkinson's disease: are men more at risk?.

Morgante L., Barone P., Quattrone A., Zappia M.


Introduction Several gender differences have been reported in Parkinson's Disease (PD). We evaluated the burden of non-motor symptoms (NMS) in PD and the possible gender differences in their occurrence. Methods The FRAGAMP study is a large multicenter case-control study. PD patients and controls underwent a face-to-face interview and a neurological examination performed by trained neurologists. Presence of NMS was investigated using a standardized questionnaire; cognitive impairment and depression were assessed using the Mini Mental State Examination and the Hamilton Depression Rating Scale respectively. Results 585 PD patients (59.5% men) and 481 controls (34.9% men) were enrolled in the study. All NMS were significantly more frequent among PD patients than controls. PD women showed a significantly higher frequency of depression and urinary disturbances than parkinsonian men; a close frequency among PD women and men was recorded for hallucination, cognitive impairment and sleep.
disorders. Nonetheless, with respect to the control population, according to logistic regression stratified by sex and adjusted by age, PD men showed a stronger positive significant association with almost all NMS compared to women, excepting for urinary disturbances. The strongest association among PD men was recorded for cognitive impairment (adjusted OR 5.44 for men and 2.82 for women) and depression (adjusted OR 30.88 for men and 12.72 for women).

Conclusions With respect to the general population, presence of NMS was stronger associated with male gender. Our data suggest that the presence of NMS among PD men is more strictly due to the neurodegenerative processes related to PD.

Effects of vilazodone on sexual functioning in healthy adults: Results from a randomized, double-blind, placebo-controlled, and active-controlled study.

Clayton A.H., Durgam S., Li D., Chen C., Chen L., Mathews M., Gommoll C.P., Szeged A.
The aim of this study is to evaluate the effects of vilazodone on sexual functioning in healthy, sexually active adults and assess the impact of medication nonadherence in this type of trial. Participants were randomized to vilazodone (20 or 40 mg/day), paroxetine (20 mg/day), or placebo for 5 weeks of double-blind treatment. The primary endpoint was change from baseline to day 35 in Change in Sexual Functioning Questionnaire (CSFQ) total score in the intent-to-treat (ITT) population. Post-hoc analyses were carried out in modified intent-to-treat (mITT) populations that excluded participants in the active-treatment groups with undetectable plasma drug concentrations at all visits (mITT-I) or at least one visit (mITT-II). In the ITT population (N=199), there were no statistically significant differences between any treatment groups for CSFQ total score change: Placebo, -1.0; vilazodone 20 mg/day, -1.4; vilazodone 40 mg/day, -1.9; and paroxetine, -3.5. In mITT-I (N=197) and mITT-II (N=159), CSFQ total score change was not significantly different between vilazodone (either dose) versus placebo; the CSFQ total score decreased significantly (P<0.05) with paroxetine versus both placebo and vilazodone 20 mg/day, but not versus vilazodone 40 mg/day. Vilazodone exerted no significant effect on sexual functioning in healthy adults. Medication nonadherence can alter study results and may be an important consideration in trials with volunteer participants. Copyright © 2016 Wolters Kluwer Health, Inc.
Is the daily use of vacuum erection device for a month before penile prosthesis implantation beneficial? a randomized controlled trial.

Canguven O., Talib R.A., Campbell J., De Young L., El Ansari W., Al-Ansari A.

Embase Andrology. 5 (1) (pp 103-106), 2017. Date of Publication: 01 Jan 2017.

[Article]

AN: 612964667

Patient concerns about penile length after penile prosthesis (PP) implantation for erectile dysfunction (ED) have significant impact on patients and their partners. In addition, corporal fibrosis is associated with difficult PP implantation. The preoperative use of vacuum erectile devices (VED) is an uncommon physical treatment for such concerns. Therefore, the current randomized controlled study assessed two outcomes: whether pre-operative VED use for a month before surgery would significantly increase flaccid stretched penile length (SPL) on the day of surgery, and facilitate easier corporal dilatation intraoperatively. Fifty-one patients scheduled for PP implantation for ED were randomized to either intervention group (pre-operative VED use; 10-15 min/day for >30 days; Group A; n = 25), or control group (no intervention; Group B; n = 26). A research assistant (blinded to the treatment assignments) recorded SPL at baseline (initial consultation) and on day of surgery. The surgeons performing the PP implantation (also blinded to the treatment assignments) provided subjective assessments of the ease of corporal dilatation. Baseline patient characteristics, demographics, and comorbidities were the same in both groups. Baseline measurements (SPL-1) were 10.71 +/- 1.28 and 10.87 +/- 1.26 cm in Group A and Group B, respectively; and the day of surgery measurements (SPL-2) were 11.50 +/- 1.33 and 11.06 +/- 1.34 cm in Group A and Group B, respectively. In terms of outcomes: mean SPL increase in Group A was significantly more by a mean of 0.80 +/- 0.38 cm (p < 0.05) compared to Group B; and surgeons' subjective report of surgical ease indicated smoother corporal dilatation for Group A compared to Group B. VED use (10-15 min/day during the month prior to PP implantation) was associated with significantly increased SPL on day of surgery, and facilitated easier corporal dilatation intraoperatively. Future studies should examine the long-term outcomes of penile prosthesis implantation after pre-operative use of vacuum erectile devices. Copyright © 2016 American Society of Andrology and European Academy of Andrology

Status
Sexual functioning mirrors overall men's health status, even irrespective of cardiovascular risk factors.

Capogrosso P., Ventimiglia E., Boeri L., Capitanio U., Gandaglia G., Deho F., Pederzoli F., Cazzaniga W., Scano R., Montorsi F., Salonia A.

Erectile dysfunction has been described as a sentinel marker of co-existing and undetected cardiovascular disease. Beside cardiovascular diseases, a correlation between erectile dysfunction and other major comorbidities has been also reported. The study was aimed to analyze the association between sexual functioning and overall men's health in sexually active, Caucasian-European men with new-onset sexual dysfunction. Data from the last 881 consecutive patients seeking first medical help for sexual dysfunction were cross-sectionally analyzed. The International Classification of Diseases, 9th revision, Clinical Modification was used to classify health-significant comorbidities, which were scored with the Charlson Comorbidity Index (CCI). A modified CCI score from which all potential cardiovascular risk factors (CCI-CV) were subtracted was then calculated for every patient. Patients were requested to complete the International Index
of Erectile Function (IIEF). The main outcome of the study was the association between the IIEF domain scores and CCI, which scored health-significant comorbidities even irrespective of cardiovascular risk factors (CCI-CV). The final sample included 757 patients (85.9%) (Median age: 48 years; IQ range: 37-59). Overall, erectile dysfunction was found in 540 (71.4%) patients. Of these, 164 (21.6%) had a CCI > 1 and 138 (18.2%) had a CCI-CV > 1, respectively. At the analysis of variance, IIEF-Erectile Function (EF) scores significantly decreased as a function of incremental CCI and CCI-CV scores (all p < 0.01). At multivariable logistic regression analysis, both IIEF-EF and IIEF-total score achieved independent predictor status for either CCI > 1 or CCI-CV > 1, after accounting for potential confounders (p < 0.01). We report novel findings of a significant association between erectile dysfunction severity and overall men's health, even irrespective of cardiovascular risk factors. Thereof, erectile dysfunction severity could serve as a proxy for general men's health, thus encouraging physicians to comprehensively assess patients complaining of sexual dysfunction in the real-life everyday clinical practice. Copyright © 2016 American Society of Andrology and European Academy of Andrology

Increased prevalence of premature ejaculation in men with metabolic syndrome.
Salama N., Eid A., Swedan A., Hatem A.
Embase
This prospective study aimed to investigate the relationship between metabolic syndrome (Met S) and premature ejaculation (PE) among men. The study included 300 consecutive male patients (53.6 y+/-8.7) who attended the urology clinic (December 2013-September 2014), mostly complaining of renal/ureteric calculi. A diagnostic approach was undertaken to include demographics, clinical features and laboratory investigations of the study subjects. Both erectile function and PE were evaluated using the International Index of Erectile Function (abridged form, IIEF-5) and Premature Ejaculation Diagnostic Tool (PEDT) questionnaires, respectively. Results identified 182 (60.7%) men had Met S. Prevalence of PE was significantly higher in the subjects with Met S than the controls (35.2% vs 7.6%, p< 0.001). Patients with Met S and PE had significantly higher PEDT scores (15.4 vs 6.7), smaller waist circumference (108.3cm vs 111.5cm) and higher fasting blood sugar (187mg% vs 161mg%) than those with no PE (p<0.001, 0.047 and 0.019, respectively). The other variables including IIEF-5 score, body mass index, serum triglycerides and high-density lipoprotein (14.98 vs 16.8, 30.6 vs 31.5, 192.9mg% vs 178.1mg% and 37.4mg% vs 36.2mg%, respectively) did not reveal significant differences. Both systolic hypertension and erectile dysfunction (ED) had significant associations (p=0.047 and <0.001, respectively) with PE in Met S. In conclusion, PE has a high prevalence in Met S. Patients with Met S should be questioned about PE. Both ED and systolic hypertension may be associated with PE. Prevention of Met S should be considered, and this may be of help to decrease the prevalence of PE. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group.

Ko W.J., Han H.H., Ham W.S., Lee H.W.

Embase
[Article In Press]
AN: 614531659

Purpose: To compare the efficacy and safety of sildenafil 25mg qd, 25mg bid or 50mg qd - on treating lower urinary tract symptoms with benign prostatic hyperplasia (LUTS/BPH). Materials and methods: Men aged>45 years with LUTS/BPH were randomly assigned to receive sildenafil 25mg qd (n=42), bid (n=41), 50mg qd (n=38) or placebo (n=41) for 8 weeks. Changes from baseline in International Prostate Symptom Score (I-PSS), maximum urinary flow rate (Qmax) and postvoid residual urine volume (PVR) were assessed at week 4 and week 8. Results: Sildenafil 25mg qd (-7.3+/-5.8) and 25mg bid (-7.0+/-5.7) exhibited significant improvements of I-PSS compared to placebo (-5.2+/-6.4) (p=0.020, 0.025, respectively). In particular, voiding domain was more affected than storage domain. Only sildenafil 50mg qd improved nocturia significantly (versus placebo, p=0.027). Quality of life score was improved in all treatment groups. Qmax and PVR did not change significantly in all groups. All regimens were well tolerated. Conclusions: Sildenafil 25mg qd, 25mg bid and 50mg qd are safe and effective to improve LUTS/BPH in long term, along with coexisting ED. In particular, nocturia is most well-controlled by 50mg qd. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group.

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ARTICLE IN PRESS

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Vessel-sparing Radiotherapy for Localized Prostate Cancer to Preserve Erectile Function: A Single-arm Phase 2 Trial.

Embase
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Background: Erectile dysfunction remains the most common side effect from radical treatment of localized prostate cancer. We hypothesized that the use of vessel-sparing radiotherapy, analogous to the functional anatomy approach of nerve-sparing radical prostatectomy (RP), would improve erectile function preservation while maintaining tumor control for men with localized prostate cancer. Objective: To determine erectile function rates after vessel-sparing radiotherapy. Design, setting, and participants: Men with localized prostate cancer were enrolled in a phase 2 single-arm trial (NCT02958787) at a single academic center. Intervention: Patients received vessel-sparing radiotherapy utilizing a planning MRI and MRI-angiogram to delineate and avoid the erectile vasculature. Outcome measurements and statistical analysis: Both physician- and patient-reported inventories were used to capture erectile function at baseline and at 2 and 5 yr after treatment. Validated model-based comparisons were performed to compare vessel-sparing results to nerve-sparing RP and conventional radiotherapy. Results and limitations: From 2001 to 2009, 135 men underwent vessel-sparing radiotherapy. After a planned interim analysis, the trial was stopped after meeting the primary endpoint. The median follow-up was 8.7 yr, with a >94% response rate to all inventories at each time point. At 5 yr, 88% of patients were sexually active with or without the use of sexual aids. The 2-yr erectile function rates were significantly improved with vessel-sparing radiotherapy (78%, 95% confidence interval [CI] 71-85%) compared to modeled rates for convention radiotherapy (42%, 95% CI 38-45%; p <. 0.001) or nerve-sparing prostatectomy (24%, 95% CI 22-27%; p <. 0.001). At 2 yr after treatment, 87% of baseline-potent men retained erections suitable for intercourse. The 5- and 10-yr rates of...
biochemical relapse-free survival were 99.3% and 89.9%, and at 5 yr the biochemical failures were limited to the National Comprehensive Cancer Network high-risk group. The single-arm design is a limitation. Conclusions: Vessel-sparing radiotherapy appears to more effectively preserve erectile function when compared to historical series and model-predicted outcomes following nerve-sparing RP or conventional radiotherapy, with maintenance of tumor control. This approach warrants independent validation. Patient summary: In this interim analysis we looked at using a novel approach to spare critical erectile structures to preserve erectile function after prostate cancer radiotherapy. We found that almost 90% of patients at 5 yr after treatment remained sexually active, significantly higher than previous studies with surgery or radiotherapy. Vessel-sparing radiotherapy for men with localized prostate cancer using a novel magnetic resonance imaging-based approach to spare erectile vasculature resulted in 88% maintenance of sexual activity at 5 yr after treatment, 87% retention of erections suitable for intercourse at 2 yr after treatment, and maintenance of tumor control. Copyright © 2017 European Association of Urology.

601.

Discussing sexuality with patients with Parkinson's disease: a survey among Dutch neurologists.
Sexual functioning is often impaired in patients with Parkinson's disease (PD) and may affect quality of life of patients and their spouse. However, little is known about the practice patterns of neurologists with regard to discussing sexuality in this field. The aim of this cross-sectional study was to evaluate to what extent neurologists discuss sexuality with PD patients. A 22-item questionnaire was sent to 139 neurologists specializing in PD. The survey contained questions about their attitudes, knowledge, and practice patterns with respect to sexual dysfunction (SD) in patients with PD. The response rate of the survey was 66.9%. Most participants (56.8%) stated that they address sexuality in less than half of their PD patients. High age of patients (42.0%), insufficient consultation time (37.5%), and a lack of patients’ initiative to raise the topic themselves (36.4%) were frequently reported barriers towards discussing sexuality. The majority of participants considered that discussing sexuality is a responsibility that lay with neurologists (85.2%), nurses (73.9%), and patients (72.7%). One quarter of the neurologists reported to have insufficient or no knowledge on SD. The majority of participants regarded screening for SD important or slightly important (85.2%). A large proportion of Dutch neurologists specializing in PD do not routinely discuss sexuality with their PD patients. Sexual healthcare in PD patients may benefit from time-efficient tools and agreements on who is responsible for discussing SD.

Furthermore, recommendations in PD guidelines on screening and managing SD should be adapted to fit everyday practice. Copyright © 2016, The Author(s).
Kleptomania and Co-morbid addictive disorders.

Kim H.S., Christianini A.R., Bertoni D., de Oliveira M.D.C.M., Hodgins D.C., Tavares H.

Embase

Psychiatry Research. 250 (pp 35-37), 2017. Date of Publication: 01 Apr 2017.

[Article]

We examined the association between kleptomania and addictive disorders, including behavioral addictions. Fifty-three individuals with a diagnosis of kleptomania completed measures of kleptomania severity, semi-structured clinical interviews to assess co-morbid diagnosis of addictive disorders, and the Shorter PROMIS Questionnaire (SPQ) assessing an array of addictive behaviors. 20.75% of the sample met criteria for an addictive disorder; four for a substance use disorder and four for a behavioral addiction. Kleptomania severity was significantly associated with compulsive work and shopping measured by the SPQ. The results suggest the need to assess a wide array of addictive behaviors in individuals with kleptomania.

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Year of Publication

2017
Testicular growth and spermatogenesis: new goals for pubertal hormone replacement in boys with hypogonadotropic hypogonadism? -a multicentre prospective study of hCG/rFSH treatment outcomes during adolescence.-


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Clinical Endocrinology. 86 (1) (pp 75-87), 2017. Date of Publication: 01 Jan 2017.

[Article]
AN: 612108612

Context/objective: Testosterone treatment for pubertal induction in boys with hypogonadotropic hypogonadism (HH) provides virilization, but does not induce testicular growth or fertility. Larger studies evaluating the outcomes of gonadotropin replacement during adolescence have not been reported to date; whether previous testosterone substitution affects testicular responses is unresolved. We aimed to assess the effects of human chorionic gonadotropin (hCG) and recombinant FSH (rFSH) in boys and adolescents with HH with respect to a) testicular growth, b) spermatogenesis, c) quality of life (QoL) and to identify factors influencing therapeutic success.

Design/setting: A prospective case study was conducted in 26 paediatric endocrine centres.

Patients/interventions: HCG and rFSH were administered until cessation of testicular growth and plateauing of spermatogenesis to (1) prepubertal HH boys with absent or early arrested puberty (group A) and to (2) HH adolescents who had previously received full testosterone replacement (group B). Outcome measures: Bi-testicular volumes (BTVs), sperm concentrations and QoL.

Results: Sixty (34 A/26 B) HH patients aged 14-22 years were enrolled. BTVs rose from 5 +/- 5 to 34 +/- 3 ml in group A vs 5 +/- 3 to 32 +/- 3 ml in group B, with normal final BTVs (>24 ml) attained in 74%/70% after 25/23 months in A/B, respectively. Sperm in the ejaculate were found in 21/23(91%)/18/19(95%), with plateauing concentrations after 31/30 months of hCG and 25/25 months of combined treatment in A/B. Sperm concentrations were normal (>15 mill/ml) in 61%/32%, with mean concentrations of 40 +/- 73 vs 19 +/- 38 mill/ml in A/B (n.s.). Outcomes were better in patients without bilateral cryptorchidism, with non-congenital HH causes, higher
baseline BTVs, and higher baseline inhibin B and AMH levels. QoL increased in both groups.

Conclusions: HCG/rFSH replacement during adolescence successfully induces testicular growth and spermatogenesis, irrespective of previous testosterone replacement, and enhances QoL.

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604.
An Empirical vs Risk-Based Approach Algorithm to Intracavernosal Injection Therapy: A Prospective Study.
Bernie H.L., Segal R., Le B., Burnett A., Bivalacqua T.J.
Embase
Sexual Medicine. 5 (1) (pp e31-e36), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 614343118
Introduction Intracavernosal injection (ICI) therapy is widely used for the treatment of erectile dysfunction (ED). Its use in practice is largely empirical and has not been validated with evidence-based approaches. Aim To compare two strategies for ICI, specifically a risk-based approach and an empiric-based approach, and assess the efficacy, patient satisfaction, and complication rates of the two treatment approaches. Methods After obtaining approval from the institutional review board, a prospective database of patients enrolled in the ICI program at the Johns Hopkins
Hospital (Baltimore, MD, USA) from May 2012 through May 2014 was amassed. Demographic information, treatment outcomes, and subjective patient evaluations of sexual function (International Index of Erectile Function erectile function domain [IIEF-EF], Quality of Erection Questionnaire [QEQ], Sexual Quality of Life [SQoL], and Erectile Dysfunction Inventory of Treatment Satisfaction [EDITS]) were obtained at baseline and at 3 and 6 months. Two approaches were compared. Group 1 received empiric ICI treatment initially with prostaglandin E1 (PGE1) 10 μg irrespective of ED etiology or severity. After initial dosing with PGE1 in the clinic, adjustments were made to titrate or change formulations pending on patient results. Group 2 received a risk-based approach, in which an algorithm that factored in ED etiology and number of ED risk factors was used for a bimix (papaverine 30 mg/mL, phentolamine 1 mg/mL), a low-dose trimix (papaverine 30 mg/mL, phentolamine 1 mg/mL, PGE1 10 μg/mL), or a high-dose trimix (papaverine 30 mg/mL, phentolamine 2 mg/mL, PGE1 40 μg/mL). Dose titration was permitted in the two groups. Statistical analysis was carried out using t-test and chi2 analysis.

Main Outcome Measures The study design was powered for a non-inferiority comparison of the two approaches, in which the primary end point was a 15-point difference on the EDITS score or a 20% difference in the IIEF-EF score. Results One hundred seventy-five patients were enrolled (57 in group 1, 118 in group 2) with 3- and 6-month follow-up at 57% and 35%, respectively, and similar between groups. Baseline patient characteristics and sexual function questionnaire responses were similar between groups 1 and 2, although group 1 reported higher-quality erections at baseline (QEQ score = 14.3 vs 7.3, P = .05) and had a smaller proportion of patients with prostatectomy (54.4% vs 74.6%, P = .02). In the two groups, QEQ score (mean = 10.78 vs 56.76, P < .05), SQoL score (mean = 38.41 vs 50.25, P < .05), and IIEF-EF score (mean = 7.51 vs 18.48, P < .05) improved with treatment. However, at 3 and 6 months, there were no statistically significant differences in responses for IIEF, QEQ, SQoL, or EDITS scores and no difference in failure or medication switch rates between groups. There were no significant differences in complication rates, although at 3 months group 2 reported a higher incidence of priapism and pain (23% vs 7.4%, P = .08). Conclusion Empiric and risk-based strategies for ICI therapy resulted in significant improvements across multiple domains of sexual function. Complication rates, satisfaction, and efficacy overall were similar between the two approaches. Clinicians can be reassured that no one approach to ICI therapy for ED management appears inferior to another.

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605.
An exploration of the judgement of sexual situations by adolescents with autism spectrum
disorders versus typically developing adolescents.
Visser K., Greaves-Lord K., Tick N.T., Verhulst F.C., Maras A., van der Vegte E.J.M.
Embase
[Article]
AN: 614278860
Background Inappropriate sexual behaviour, sexual problems and sexual victimization in
adolescents with autism spectrum disorders (ASD) is regularly reported in previous research, but
little is known about factors associated with these problems, nor about factors associated with a
healthy sexuality development in adolescents with ASD. Investigating the judgement of sexual
behaviour can be a first step in acquiring insight into inappropriate sexual behaviour in
adolescents with ASD. Methods We assessed how 94 cognitively-able adolescents with ASD and
94 typically developing (TD) adolescents judged the appropriateness of different illustrations of
sexual situations and we investigated the differences between the two groups. Results The
highest level of agreement between the judgements of adolescents with ASD and the judgements
of an expert panel was found for severely inappropriate sexual behaviours (89.2%) and the
lowest agreement was found for appropriate (31.7%) and slightly inappropriate sexual behaviours
(26.1%). No significant differences were found between the judgements of the adolescents with
ASD and the TD adolescents. Regarding the divergent judgements, adolescents with and without
ASD were mostly more strict (i.e., more conservative) than the expert panel in their judgement of
sexual situations. Finally, a small percentage of adolescents with and without ASD showed milder
(i.e., less conservative) judgements of sexual situations portraying behaviour that was considered
severely inappropriate by an expert panel. Conclusions Our findings showed that, overall, judgement of illustrations of sexual situations does not seem to be hampered in adolescents with ASD. More research is needed to clarify whether this also holds true for their judgements of - and actions in - more complex real life situations. Copyright © 2017 Elsevier Ltd

606.
AN: 614507585
Study design:Prospective. Objectives:To test whether provocative stimulation of the testes identifies men with chronic spinal cord injury (SCI), a population in which serum testosterone concentrations are often depressed, possibly due to gonadal dysfunction. To accomplish this objective, conventional and lower than the conventional doses of human chorionic gonadotropin (hCG) were administered. Methods: Thirty men with chronic SCI (duration of injury >1 year; 18 and 65 years old; 16 eugonadal (>12.1nmoll-1) and 14 hypogonadal (12.1nmoll-1)) or able-bodied (AB) men (11 eugonadal and 27 hypogonadal) were recruited for the study. Stimulation tests
were performed to quantify testicular responses to the intramuscular administration of hCG at three dose concentrations (that is, 400, 2000 and 4000IU). The hCG was administered on two consecutive days, and blood was collected for serum testosterone in the early morning prior to each of the two injections; subjects returned on day 3 for a final blood sample collection. Results: The average gonadal response in the SCI and AB groups to each dose of hCG was not significantly different in the hypogonadal or eugonadal subjects, with the mean serum testosterone concentrations in all groups demonstrating an adequate response. Conclusions: This work confirmed the absence of primary testicular dysfunction without additional benefit demonstrated of provocative stimulation of the testes with lower than conventional doses of hCG. Our findings support prior work that suggested a secondary testicular dysfunction that occurs in a majority of those with SCI and depressed serum testosterone concentrations. Spinal Cord advance online publication, 21 February 2017; doi:10.1038/sc.2017.8. Copyright © 2017 International Spinal Cord Society

607.

Dual-hormone stress reactivity predicts downstream war-zone stress-evoked PTSD.
Embase
Psychoneuroendocrinology. 78 (pp 76-84), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 614285319
Background The crucial role of the hypothalamic-pituitary-adrenal axis (HPA) in stress-related homeostasis suggests dysregulated HPA involvement in the pathogenesis of post-traumatic stress disorder (PTSD), yet most studies examining linkages between HPA axis measures and PTSD have yielded null findings. One untested explanation for this inconsistency is a failure to account for simultaneous adrenal and gonadal influence. Here we tested the singular and interactive effects of cortisol (CR) and testosterone (TR) reactivity as moderators of war-zone stress evoked PTSD emergence in the war-zone. Methods U.S. soldiers (N = 120) scheduled for deployment to Iraq completed pre-deployment measures of CR and TR stress reactivity to a CO2 inhalation challenge. Once deployed, monthly assessments of exposure to traumatic war-zone stressors and PTSD symptoms were collected via a web-based assessment system. Results Cortisol hypo-reactivity potentiated the pathogenic impact of war-zone stressors only in soldiers for whom the CO2 challenge did not elevate testosterone, suggesting that the dual hormone stress reactivity profile of blunted cortisol and testosterone may confer increased risk for PTSD emergence by potentiating the pathogenic effects of war-zone stressors. Conclusions Findings underscore the utility of assessing both HPA and HPG stress reactivity when assessing PTSD vulnerability and may help inform efforts for enhanced soldier screening and inoculation to war-zone stressors. Copyright © 2017 Elsevier Ltd

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2017
Treatment of Nonfunctional Pituitary Adenoma Postoperative Remnants: Adjuvant or Delayed Gamma Knife Radiosurgery?
Embase
World Neurosurgery. 100 (pp 361-368), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 614405919
Objective It is still not clear whether Gamma Knife radiosurgery (GKRS) for nonfunctional pituitary adenomas should be used as a standard adjuvant postoperative therapy or applied when there is documented progression of the remnant on follow-up magnetic resonance imaging. Methods We performed a retrospective study of patients with nonfunctional pituitary adenomas who underwent primary surgery and GKRS between 2002 and 2015. Patients were divided into 2 groups on the basis of the GKRS indication: adjuvant treatment (GKRS <6 months postoperatively) or delayed treatment (GKRS if documented progression occurred on the follow-up magnetic resonance imaging). Results Fifty patients were included and grouped based on adjuvant (n = 13) or delayed (n = 37) GKRS following primary surgery. The adjuvant and delayed groups had 10-year actuarial tumor control rates of 92% and 96% (P = 0.408), respectively. The 10-year actuarial endocrinologic control rate was 82% for the adjuvant group and 49% for the delayed group (P = 0.597). None of the patients developed any new neurologic deficit post-GKRS. GKRS-induced complications (intratumoral bleeding and tumoral tissue inflammation) occurred in 6% of the patients, of whom 4% were in the delayed group and 2% in the adjuvant group. Conclusion Adjuvant treatment with GKRS yields the same high long-term tumor control as delayed GKRS. Neither adjuvant nor delayed GKRS induced additional neurologic complications. There is a trend that adjuvant GKRS induces less additional endocrinologic deficits compared with delayed GKRS. Copyright © 2017 Elsevier Inc.
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Small Intestinal Submucosa Grafting for Peyronie Disease: Outcomes and Patient Satisfaction.
Valente P., Gomes C., Tomada N.
Embase
Urology. 100 (pp 117-124), 2017. Date of Publication: 01 Feb 2017.
[Article]
AN: 613950948
Objective To evaluate surgical outcomes and complications and assess overall patient satisfaction after small intestinal submucosa (SIS) grafting for Peyronie disease. Methods Twenty-eight patients were treated with tunical incision and grafting with SIS. Mean age of the patients was 58 (range: 43-71) years. A preoperative protocol was applied to all patients. Patients were also evaluated at follow-up clinic visits. The International Index of Erectile Function, a modified Erectile Dysfunction Inventory of Treatment Satisfaction questionnaire, postoperative self-reports, and clinical characteristics were used to measure outcomes. Results Hypertension, hypercholesterolemia, and type 2 diabetes were reported in 53.6%, 46.4%, and 28.6% of patients, respectively. Previous penile trauma was reported by 10.7%. The mean operative time was 151+/-23 minutes. Average follow-up was 18 months (range: 3-36). The only surgical complication was 1 case of infected hematoma treated with surgical drainage. Self-reported complete resolution of curvature was 82.1%. Subjective perception of penile shortening was reported by 71.4% of patients. However, only 4 patients objectively showed postoperative penile shortening. Erectile function was completely preserved in 64.2%. Four patients complained of erectile dysfunction despite medication, even though no objective vascular etiology was shown on postoperative penile Doppler ultrasound. Overall, 82.2% of patients reported high levels of satisfaction. Conclusion Surgical treatment of Peyronie disease using SIS grafting is a safe
option, with low rate of major complications. It has good surgical outcomes and high patient satisfaction rates. Copyright © 2016 Elsevier Inc.

 Continent Anal Urinary Diversion in Classic Bladder Exstrophy: 45-Year Experience.
 Rubenwolf P.C., Hampel C., Roos F., Stein R., Frees S., Thuroff J.W., Thomas C. Embase
 Urology. 100 (pp 249-254), 2017. Date of Publication: 01 Feb 2017.
 [Article]
 AN: 613960875
 Objective To evaluate the long-term outcomes in patients with classic bladder exstrophy and continent anal urinary diversion (CAD) for continence, upper urinary tract status, secondary malignancies, and sexual function. Patients and Methods The medical records of 82 exstrophy patients having undergone CAD in our department between 1970 and 2015 were reviewed. Patients were invited for follow-up examinations and asked to complete validated questionnaires relating to sexual function. Results Thirty-two of 57 eligible patients with a median follow-up of 23.9 years were included in the study. Ninety-seven percent of patients were fully continent during daytime. Upper urinary tract and renal function remained stable in 75% and 87%, respectively. Five patients developed secondary malignancies originating from the rectal reservoir. Forty-one percent received prophylactic alkaline substitution. Sexual function as
measured by the Female Sexual Function Index and the International Index on Erectile Function was negatively affected in all domains in both genders. Eighty-six percent of patients had a stable relationship and 35% were married. Five women conceived a total of 6 healthy children. Paternity rate was 40%. Conclusion CAD constitutes an effective treatment option with acceptable long-term outcomes in exstrophy patients in whom all attempts at restoring the lower urinary tract have failed. Long-term follow-up of the upper urinary tract, assessment of acid-base balance, and endoscopy of the rectosigmoid reservoir are paramount for the safety of this type of management. Evaluation of sexual dysfunction should be an active part of follow-up. Copyright © 2016 Elsevier Inc.

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Impact of Number of Cycles of Collagenase Clostridium Histolyticum on Outcomes in Patients With Peyronie's Disease.
Embase
Urology. 100 (pp 125-130), 2017. Date of Publication: 01 Feb 2017.
[Article]
AN: 613945181
Objective To analyze the impact of the number of cycles of collagenase Clostridium histolyticum (CCH) intralesional injection therapy on outcomes to further characterize CCH therapy. Methods We conducted a retrospective review of the records of all patients treated with CCH for Peyronie disease between April 2014 and March 2016. Collected variables included demographics, pre- and posttreatment sexual function, penile curvature, penile vascular findings, and treatment outcomes. Results A total of 77 patients were included in the study, of which 41 (53%) completed 4 cycles of treatment, consisting of 8 total injections. For all-comers regardless of numbers of cycles, curvature improved from 58.2° (standard deviation=17.9°, range=30°-105°) pre-treatment to 41.0° (standard deviation=17.0°, range=0°-85°) posttreatment (P<.001). In a repeated measures model, penile curvature improved significantly following the first 3 cycles, but not the fourth. Patients who had a >20% final reduction in curvature had a significantly greater change in curvature following the first injection (-16.2° vs -5.8°, P<.001). Conclusion Intralesional CCH therapy is an effective minimally invasive treatment for Peyronie disease, although the therapeutic benefit may decline after the third cycle of treatment. Patients with >20% reduction in curvature at the conclusion of treatment documented a greater curvature improvement after the first cycle and received more cycles of CCH. Copyright © 2016 Elsevier Inc.

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612.

Human spinal ejaculation generator.
Chehensse C., Facchinetti P., Bahrami S., Andrey P., Soler J.-M., Chretien F., Bernabe J., Clement P., Denys P., Giuliano F.
Objective: A spinal ejaculation generator (SEG) has been identified in the rat with lumbar galaninergic interneurons playing a pivotal role (Science 2002;297:1566-1569). The aim was to evidence a SEG in humans. Methods: Spatial distribution of galaninergic neurons was studied in postmortem spinal cord segments of 6 men and compared with that of 6 women for evidencing sexual dimorphism. Based on the identified segmental distribution of galaninergic neurons, the ability for penile vibratory stimulation (PVS) to elicit ejaculation when the concerned spinal segments were injured was studied in 384 patients with clinically complete spinal cord injury (SCI) and consequent anejaculation. Such patients represent a unique model to investigate the role of defined spinal segments in the control of ejaculation. Results: Galaninergic neurons were mostly located between L2 and L5 segments in medial lamina VII, with a maximal density within L4. Three-dimensional 3D reconstruction showed that these neurons were grouped into single columns bilaterally to the central canal. In addition, galaninergic neuron density was found higher in L3 and L4 segments in men as compared to women supporting sexual dimorphism. In the patients’ cohort, injury of L3-L5 segments was the sole independent predictor for failure of PVS to induce ejaculation. Although evidence from clinical observations was indirect, there is close correspondence to neuroanatomical data. Interpretation: Organization and sexual dimorphism of human spinal galaninergic neurons were similar to the rat’s SEG. Neurohistological data, together with clinical results, corroborate the existence of an SEG in humans in L3-L5 segments. Such a generator could be targeted to treat neurogenic and non-neurogenic ejaculatory disorders. ANN NEUROL 2017;81:35-45. Copyright © 2016 American Neurological Association
Surgical treatment for male prolactinoma: A retrospective study of 184 cases.

Song Y.-J., Chen M.-T., Lian W., Xing B., Yao Y., Feng M., Wang R.-Z.


[Article]

AN: 614172987

A total of 184 cases of surgically treated male prolactinoma were analyzed retrospectively to summarize the outcome of this surgical intervention. We analyzed the general characteristics, clinical manifestations, hormone levels, imaging features, preoperative treatments, surgical outcomes, pathology results, and follow-up records for all included patients. The most common clinical manifestations included sexual dysfunction (47.4%), headache (55.9%), and visual disturbance (46.7%). Serum prolactin levels ranged from 150 to 204,952ng/mL. Tumor size varied from 6 to 70mm. Pituitary adenomas grew in a parasellar pattern with visual deficits occurring 40.7% of the time. After surgical therapy, 88.6% of patients achieved symptom relief, and 98.4% experienced an immediate postoperative decline in prolactin level. Fifty-seven patients (31.0%) achieved initial remission, and 26 patients (45.6%) experienced recurrence. Hence, our results suggest that in male prolactinoma characterized by a large pituitary diameter and high serum prolactin level, tumor size predicts the degree of gross resection. The prognostic predictors included preoperative tumor growth pattern and Ki-67 index. Copyright © 2017 the Author(s). Published by Wolters Kluwer Health, Inc.

PMID
Female-and male-specific risk factors for stroke a systematic review and meta-analysis.
Poorthuis M.H.F., Algra A.M., Algra A., Kappelle L.J., Klijn C.J.M.
Embase
JAMA Neurology. 74 (1) (pp 75-81), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 614303473
IMPORTANCE The incidence of stroke is higher in men than in women. The influence of sex-specific risk factors on stroke incidence and mortality is largely unknown. OBJECTIVE To conduct a systematic review and meta-analysis of female- and male-specific risk factors for stroke. DATA SOURCES PubMed, EMBASE, and the bibliographies of articles were searched for studies published between January 1, 1985, and January 26, 2015, reporting on the association between female- and male-specific characteristics and stroke. STUDY SELECTION Observational studies reporting associations between sex-specific risk factors and stroke were selected. DATA EXTRACTION AND SYNTHESIS Two authors performed data extraction independently. Estimates were pooled with a generic variance-based, random-effects method. We followed the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) recommendations. In addition, our study adhered to the Meta-analysis of Observational Studies in Epidemiology (MOOSE) guidelines. MAIN OUTCOMES AND MEASURES Ischemic stroke,
hemorrhagic stroke, any stroke, and stroke mortality. RESULTS This systematic review and meta-analysis included 78 studies (70 longitudinal and 8 case-control) comprising 10 187 540 persons. In women, the pooled relative risks of ischemic stroke were 1.80 (95%CI, 1.49-2.18) after any hypertensive disorder in pregnancy (HDP) (gestational hypertension [GH], preeclampsia, or eclampsia) and 1.81 (95%CI, 1.44-2.27) after GH vs no HDP. The pooled relative risks of hemorrhagic stroke were 2.24 (95%CI, 1.19-4.21) in women with menopause at the age of at least 55 years vs 50 to 54 years and 5.08 (95%CI, 1.80-14.34) after GH vs no GH. The pooled relative risks of any stroke were 1.42 (95%CI, 1.34-1.50) after oophorectomy vs no oophorectomy, 0.88 (95%CI, 0.85-0.90) after hysterectomy vs no hysterectomy, 1.63 (95%CI, 1.52-1.75) after any vs no HDP, 1.54 (95%CI, 1.39-1.70) after preeclampsia or eclampsia, 1.51 (95%CI, 1.27-1.80) after GH vs no HDP, 1.62 (95%CI, 1.46-1.79) after preterm delivery, and 1.86 (95%CI, 1.15-3.02) after stillbirth vs no pregnancy complications. The pooled relative risk of stroke mortality was 1.57 (95%CI, 1.04-2.39) after GH vs no GH. In men, the pooled relative risks of ischemic stroke were 1.19 (95%CI, 1.05-1.34) after androgen deprivation therapy (ADT) vs no ADT and 1.21 (95%CI, 1.00-1.46) after orchiectomy vs no orchiectomy. The pooled relative risks of any stroke were 1.21 (95%CI, 1.06-1.37) for ADT vs no ADT and 1.35 (95%CI, 1.18-1.53) for erectile dysfunction vs no dysfunction. CONCLUSIONS AND RELEVANCE Female-specific characteristics increasing stroke risk include HDP for ischemic stroke, late menopause and gestational hypertension for hemorrhagic stroke, and oophorectomy, HDP, preterm delivery, and stillbirth for any stroke. Hysterectomy is possibly protective against any stroke. Male-specific characteristics increasing stroke risk include medical androgen deprivation therapy for ischemic and any stroke and erectile dysfunction for any stroke. Consideration of sex-specific risk factors can improve individualized stroke risk assessment.

Status

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Sexual dysfunction and central obesity in patients with first episode psychosis.

European Psychiatry. 42 (pp 1-7), 2017. Date of Publication: 01 May 2017.

Background In recent years the association between sexual dysfunction (SD) and obesity in the general population has drawn major attention. Although sexual dysfunction is common in psychosis, its relationship with weight gain and obesity remains unclear. Aims To investigate the association between sexual dysfunction and obesity in a cohort of patients with first episode psychosis. Method Sexual function was assessed in a cohort of patients with first episode psychosis using the Sexual Function Questionnaire (SFQ). Anthropometric measures, including weight, BMI, waist, waist-hip ratio were investigated. Additionally, leptin and testosterone were investigated in male patients. Results A total of 116 patients (61 males and 55 females) were included. Of these 59% of males and 67.3% of females showed sexual dysfunction (SD) according to the SFQ. In males, higher SFQ scores were significantly correlated with higher BMI (Std. beta = 0.36, P = 0.01), higher leptin levels (Std. beta = 0.34, P = 0.02), higher waist-hip ratio (Std. beta = 0.32, P = 0.04) and lower testosterone levels (Std. beta = -0.44, P = 0.002). In contrast, in females, SFQ scores were not associated with any of these factors. Conclusions While sexual dysfunction is present in both female and male patients with their first episode of psychosis, only in males is sexual dysfunction associated with increased BMI and waist-hip ratio. The association between SD, BMI, low levels of testosterone and high levels of leptin suggest that policies that lead to healthier diets and more active lifestyles can be beneficial at least, to male patients.

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Status
EMBASE
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616.
Embase
[Article]
AN: 613674564
Purpose To report the toxicity and preliminary clinical outcomes of a prospective trial evaluating 19-Gy, single-fraction high-dose-rate (HDR) brachytherapy for men with low- and intermediate-risk prostate cancer. Methods and Materials A total of 63 patients were treated according to an institutional review board-approved prospective study of single-fraction HDR brachytherapy. Eligible patients had tumor stage <T2a, prostate-specific antigen level <15 ng/mL, and Gleason score <7. Patients with a prostate gland volume >50 cm3 and baseline American Urologic Association symptom score >12 were ineligible. Patients underwent transrectal ultrasound-guided transperineal implantation of the prostate, followed by single-fraction HDR brachytherapy. Treatment was delivered using 192Ir to a dose of 19 Gy prescribed to the prostate, with no additional margin applied. Results Of the 63 patients, 58 had data available for analysis. Five
patients had withdrawn consent during the follow-up period. The median follow-up period was 2.9 years (range 0.3-5.2). The median age was 61.4 years. The median gland volume at treatment was 34.8 cm³. Of the 58 patients, 91% had T1 disease, 71% had Gleason score <6 (29% with Gleason score 7), and the median pretreatment prostate-specific antigen level was 5.1 ng/mL. The acute and chronic grade 2 genitourinary toxicity incidence was 12.1% and 10.3%, respectively. No grade 3 urinary toxicity occurred. No patients experienced acute rectal toxicity grade >2, and 2 experienced grade >2 chronic gastrointestinal toxicity. Three patients experienced biochemical failure, yielding a 3-year cumulative incidence estimate of 6.8%.

Conclusions Single-fraction HDR brachytherapy is well-tolerated, with favorable preliminary biochemical and clinical disease control rates. Copyright © 2016 Elsevier Inc.

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2017

Findings from within-subjects comparisons of drug use and sexual risk behaviour in men who have sex with men in England.

Melendez-Torres G.J., Hickson F., Reid D., Weatherburn P., Bonell C.
Embase
[Article]
Epidemiological evidence for the encounter-level association between sexualised drug use and unprotected anal intercourse in men who have sex with men is unclear and has not examined men who have sex with men in England. To estimate this association, we compared dyadic sexual encounters within respondents. We used encounter-level data from a longitudinal online survey of men who have sex with men living in England and multilevel models to test univariate and multivariate associations between any respondent or partner drug use, specific respondent drug use, additional situational characteristics and unprotected anal intercourse. Based on 6742 encounters from 2142 men who have sex with men, respondent drug use and respondent use of certain specific drugs were associated with increased unprotected anal intercourse odds. In univariate models, partner drug use was associated with increased unprotected anal intercourse odds, but in multivariate models, only non-specific knowledge of partner drug use was associated with the same. Encounters with non-regular-and-steady partners or that were not HIV-seroconcordant were associated with decreased unprotected anal intercourse odds. This is the first within-subjects comparison of drug use and unprotected anal intercourse conducted on a sample from England, and the largest of its kind. Findings are consistent with other studies, though associations between drug use and unprotected anal intercourse are shaped by social contexts that may change over time.  

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Patency of the Internal Iliac Artery after Placement of Common and External Iliac Artery Stents.


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AN: 613815093

Background Treatment of severe aortoiliac occlusive disease (AIOD) frequently requires long-segment stenting of the common and external iliac arteries (CIA and EIA, respectively). This study aims to analyze the patency of the internal iliac artery (IIA) after placement of a CIA and EIA stents across the orifice. Methods A retrospective analysis of all patients who underwent de novo ipsilateral stent placement in the CIA and EIA between 2006 and 2013 was performed. Kaplan-Meier analysis was used to analyze patency of the IIA, and Cox proportional hazard models were used to identify characteristics associated with occlusion. Results We identified 77 patients and 93 limbs where ipsilateral CIA and EIA stents were placed. Preintervention angiographic review found 52 cases of a patent ipsilateral IIA where stents were placed across the origin of the IIA in 31 cases and staggered across the orifice in 20 limbs. Kaplan-Meier analysis demonstrated a 37% patency in limbs where the stent covered the IIA orifice compared to 78% patency in uncovered arteries (P = 0.04). New-onset buttock claudication developed in 4 patients, 2 with patent IIAs and 2 with occluded. New-onset impotence also developed in 3 patients with occluded IIA and 5 patients with patent IIAs. Conclusions Placement of stents across the origin of the IIA may not result in immediate occlusion, but long-term patency of covered IIAs is decreased compared to uncovered IIAs. This study is limited by a small sample size, but when treating AIOD, coverage of the internal iliac origin should be avoided to maintain patency of the pelvic circulation. Copyright © 2016 Elsevier Inc.

Status EMBASE
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Publisher
The effect of voluntary termination of pregnancy on female sexual and emotional well-being in different age groups.

Limoncin E., D'Alfonso A., Corallino C., Cofini V., Di Febbo G., Ciocca G., Mollaioli D., Patacchiola F., Jannini E.A., Carta G.

AN: 614467755

Introduction: To evaluate the impact of voluntary termination of pregnancy (VTOP) on the psycho-sexological well-being of females before/six months after the abortion. Methods: A sample of 194 women was recruited from three obstetrics and gynaecological divisions. The women were evaluated for the variables "sexual functioning" with the Female Sexual Function Index (FSFI), "depression" with the Beck Depression Inventory (BDI-II), and "anxiety state" with the Self-Rating Anxiety Scale (SAS) at time 0 (the beginning of the abortion procedure) and time 1 (six months after the abortion). Since 24 women refused to fill out the questionnaires, the final sample was composed of 170 women. Results: The women showed a slight although significant improvement in the mean FSFI score from time 0 (16.7+/-12.9) to time 1 (20.9+/-13.8) (p<0.001) which paralleled with a slight decrease in the incidence of clinically significant sexual dysfunction [49% (84/170) (time 0) versus 34.1% (58/170) (time 1)], (McNemar's test; p=0.0241). The sub-group of younger women (18-25) showed a lesser increase in FSFI score from time 0 to time 1. In addition, both depression (p=0.048) and anxiety (p<0.001) significantly decreased over time. However, the female sexuality remained impaired since more than two thirds (69.5%) of women were sexually dysfunctional six months after VTOP. Discussion: Voluntary TOP may influence the sexuality of younger females differently from how it influences that of older women. Hence, the
sexuality of younger female should be regularly supervised in follow-up examinations. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group

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ARTICLE IN PRESS

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The Impact of Sexual Dysfunction on Quality of Life of Patients with Asthma in Turkey.
Avci D., Dogan S.

Embase
Sexuality and Disability. 35 (1) (pp 107-118), 2017. Date of Publication: 01 Mar 2017.

[Article]
AN: 613592232

Sexual dysfunction is one of the factors that reduce the quality of life of patients with asthma, and it is generally ignored in research and clinical practices. The present study was aimed at determining sexual dysfunction, quality of life levels of patients with asthma and investigating the effects of sexual dysfunction on quality of life of patients with asthma. This cross-sectional study was conducted between June 2015 and December 2015 in Bandirma State Hospital. The sample of the study consisted of 172 patients with asthma. Data were collected with the Personal Information Form, Arizona Sexual Experiences Scale and Life Quality Index. The analysis was performed using the descriptive statistics, t test, ANOVA, Pearson's correlation and regression
analysis. While the mean scores the patients with asthma obtained from the Life Quality Index were low, the mean scores they obtained from the Arizona Sexual Experiences Scale were moderate, and 73.3% of the patients experienced sexual dysfunction. Sexual dysfunction was more prevalent in women, in people who were in the >51 age group, primary school graduates, unemployed, in need of healthcare, had been sick >11 years, and whose perceived income level was low. These people's quality of life was significantly low. A strong negative correlation was determined between the quality of life and sexual dysfunction, and that sexual dysfunction accounted for 76% of the total variance of quality of life. In the present study, three out of every four patients experienced sexual dysfunction and their quality of life was low. Therefore, to improve quality of life of patients with asthma, their sexual functions should be taken into account, and in their treatment, a multidisciplinary approach should be applied. Copyright © 2016, Springer Science+Business Media New York.

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2017

621.
Impact of pharmacologic therapy for benign prostatic hyperplasia on prostate volume and free testosterone and consequently on urinary parameters and sexual desire in men. <Uticaj farmakološke terapije benign hiperplazije prostate na volumen prostate i slobodni testosteron i, posledicno, na urinarne parametre i seksualnu zelju muskaraca.>
Stojanovic N., Djenic N., Bogdanovic D., Lazarevic K.
Embase
Vojnosanitetski Pregled. 74 (2) (pp 145-151), 2017. Date of Publication: February 2017.
Background/Aim. Pharmacologic therapy for benign prostatic hyperplasia (BPH) relieves disease progression and affects the androgen hormone status. A decrease in the level of free testosterone (freeT) within total testosterone (totalT) leads to symptoms of sexual dysfunction. The aim of this study was to show the impact of pharmacological treatment for BPH on prostate volume (PV) and levels of freeT and, consequently, on urinary parameters and sexual desire in men during 6 months of administration. Methods. This clinical prospective study included 156 BPH patients with moderate urinary symptoms - International Prostate Symptom Score (IPSS) < 19, PV > 30 mL and prostate specific antigen (PSA) value < 4 ng/mL. The average age of patients was 61.16 +/- 2.97 years. The performed tests included determination of tumor markers (PSA, free PSA), hormones (totalT, freeT, freeT/totalT ratio), trans abdominal ultrasonography and uroflowmetry. Urinary symptoms were measured by IPSS and the Quality of Life (QoL) questionnaire while the changes in sexual desire were measured using the International Index of Erectile Function (IIEF) questionnaire. Four groups were formed, 39 patients each. The group 1 received alpha1- blocker (AB) tamsulosin, the group 2, 5 alpha-reductase inhibitor (5-ARI) finasteride, the group 3, combined therapy of both drugs (tamsulosin and finasteride), while the group 4 (control group) had no therapy. Follow-ups were performed every three and six months during therapy administration. Results. Prostate volume significantly decreased in the patients on combined therapy (-6.95 +/- 2.00; p < 0.001) and finasteride (-6.67 +/- 3.35). In the finasteride group, the levels of freeT (-4.23 +/- 5.2; p < 0.001) and freeT/totalT ratio (-0.12 0.08; p < 0.001) significantly decreased as did the freeT (-2.64 +/- 7.81) and freeT/totalT ratio (-0.09 +/- 0.13) in the combined therapy group. Uroflowmetry showed a significant improvement in all parameters and all the therapy groups. Combined therapy provided the greatest improvement in the maximum flow rate (Qmax) (+4.06 +/- 1.75; p < 0.001) and urinary symptoms (-10.95 +/- 3.19). A significant improvement of sexual desire occurred in the patients on tamsulosin (+0.78 +/- 1.00; p < 0.001), with a slight deterioration in the finasteride group, but without statistical significance. Conclusion. Hormonal component of pharmacologic therapy for BPH most effectively reduces PV and freeT levels, improves urinary symptoms with a slight decline of sexual desire in men on finasteride monotherapy. Copyright © Institut za Vojnomedicinske Naucne Informacije/Documentaciju. All rights reserved.
622.
Sexual Life and Associated Factors in Psychiatric Patients.
Incendere A., Kucuk L.
Embase
Sexuality and Disability. 35 (1) (pp 89-106), 2017. Date of Publication: 01 Mar 2017.
[Article]
AN: 614147974
This descriptive and cross-sectional study aimed to evaluate the specific factors that influence the sex lives of psychiatric patients. The study sample consisted of patients who received care in the psychiatry department of a university hospital (N = 200). Data were collected using a questionnaire developed according to information available in the literature and the Arizona Sexual Experience Scale. The mean age of the patients in the study was 36.70 +/- 10.34 years. Additionally, 58% (n = 116) of the patients were female, and 42% (n = 84) were male. The diagnostic composition of the sample was 25% of patients with schizophrenia, 25% with bipolar disorder, 25% with depression, and 25% with anxiety disorder. More than half of the patients (57.5%) expressed that they had a reduced sex drive compared to their predisease condition, and 39% of the patients claimed that their treatment contributed to their reduced sexual drive. Moreover, 30.5% of the patients expressed that they had no knowledge of sexually transmitted diseases. Utilizing the Arizona Sexual Experience Scale, sexual dysfunction was observed in 74% (n = 144) of the patients. The incidence of sexual dysfunction in people diagnosed with schizophrenia was found to be significantly higher than that of the patients in other diagnosis groups (p = 0.002**). Copyright © 2017, Springer Science+Business Media New York.
Status
EMBASE
Differences in cancer characteristics of Chinese patients with prostate cancer who present with different symptoms.

Embase
Hong Kong Medical Journal. 23 (1) (pp 6-12), 2017. Date of Publication: February 2017.

[Article]
AN: 614389286

Introduction: Currently there is no structured prostate cancer screening programme in Asia. Early diagnosis of prostate cancer in Asia is by an opportunistic case-finding approach, that is, offering prostate-specific antigen testing to an individual without obvious symptoms of prostate cancer. In this study, we investigated the relationship between the mode of presentation and the characteristics of prostate cancers diagnosed in our hospital. Methods: We recruited 120 consecutive Chinese patients with prostate cancer newly diagnosed from September 2011 to February 2013 in a regional hospital in Hong Kong. Patient demographics, symptoms, presentation, staging, and risk profiles were collected and analysed. Results: The number of subjects diagnosed during a health check (group 1), investigated for symptoms with no/low suspicion of prostate cancer (group 2), investigated for symptoms where prostate cancer was suspected (group 3), or who had undergone transurethral prostatectomy (group 4) were 12 (10.0%), 53 (44.2%), 46 (38.3%), and nine (7.5%), respectively. Overall mean age was 71.0 (range, 54-90) years, and patients in group 3 were significantly older than those in groups 1 and 2 (P<0.001). Patients in group 3 had a significantly higher level of serum prostate-specific antigen,
higher incidence of abnormal digital rectal examination, and more metastatic disease at presentation than the other groups. Nonetheless, more than 50% of the prostate cancers in groups 1 and 2 were of intermediate risk or higher staging at presentation. After a median follow-up of 32 months, cancer-specific survival was 100% for each of groups 1, 2, and 4 but was only 76.8% for group 3 (P=0.006). Conclusions: Patients with prostate cancer who presented with prostate cancer-related symptoms had more metastatic disease and poorer survival than patients diagnosed by a case-finding approach. Moreover, more than half of those patients diagnosed by case finding belonged to intermediate-or higher-risk groups for which active treatment was recommended. Copyright © 2017, Hong Kong Academy of Medicine Press. All rights reserved.

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Publisher
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624.
Escitalopram versus paroxetine controlled release in major depressive disorder: A randomized trial.
Kishi T., Matsuda Y., Matsunaga S., Moriwaki M., Otake Y., Akamatsu K., Okochi T., Hirano S., Funahashi T., Okuda M., Tabuse H., Fujita K., Iwata N.

Embase
Neuropsychiatric Disease and Treatment. 13 (pp 117-125), 2017. Date of Publication: 06 Jan 2017.
[Article]
AN: 614106661
Objective: There are no direct comparisons between escitalopram and paroxetine controlled release in patients with major depressive disorder (MDD). Methods: We conducted a 24-week, rater-masked, randomized trial of escitalopram (5-20 mg/day) versus paroxetine controlled release (12.5-50 mg/day) in patients with MDD (UMIN000011191). Patients with the diagnosis of moderate-to-severe MDD (a 17-item Hamilton Rating Scale for Depression [HAMD-17], with total score at baseline being $20) were recruited to participate in a parallel, randomized, controlled trial. The primary outcome for efficacy was an improvement in the 21-item HAMD (HAMD-21) total score at 24 weeks. The secondary outcomes were the response, remission, and discontinuation rates and the incidence of individual adverse events. Results: A total of 88 patients with MDD (males, 61.4%; mean age, 40.8±13.4 years) were recruited. The discontinuation rate was 58.0% (escitalopram, 55.8%; paroxetine controlled release, 60.0%). Both escitalopram and paroxetine controlled-release treatment groups exhibited significant reduction in the HAMD-21 total score at 2, 4, 8, 12, and 24 weeks from the baseline. However, there were no significant differences in the HAMD-21 total score, response rate, remission rate, and discontinuation rate at any time point between the groups. In addition, there were no significant differences in the incidence of any individual adverse events (eg, nausea, vomiting, and somnolence) between the treatment groups. Conclusion: Our results suggest that escitalopram and paroxetine controlled release had similar efficacy and safety profiles in patients with MDD. One of the primary limitations of this study is the small sample size. Copyright © 2017 Kishi et al.

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2017
Bortezomib with lenalidomide and dexamethasone versus lenalidomide and dexamethasone alone in patients with newly diagnosed myeloma without intent for immediate autologous stem-cell transplant (SWOG S0777): a randomised, open-label, phase 3 trial.


Embase
The Lancet. 389 (10068) (pp 519-527), 2017. Date of Publication: 04 Feb 2017. [Article]
AN: 614235677

Background Lenalidomide plus dexamethasone is a reference treatment for patients with newly diagnosed myeloma. The combination of the proteasome inhibitor bortezomib with lenalidomide and dexamethasone has shown significant efficacy in the setting of newly diagnosed myeloma. We aimed to study whether the addition of bortezomib to lenalidomide and dexamethasone would improve progression-free survival and provide better response rates in patients with previously untreated multiple myeloma who were not planned for immediate autologous stem-cell transplant.

Methods In this randomised, open-label, phase 3 trial, we recruited patients with newly diagnosed multiple myeloma aged 18 years and older from participating Southwest Oncology Group (SWOG) and National Clinical Trial Network (NCTN) institutions (both inpatient and outpatient settings). Key inclusion criteria were presence of CRAB (C=calcium elevation; R=renal impairment; A=anaemia; B=bone involvement) criteria with measurable disease (measured by assessment of free light chains), Eastern Cooperative Oncology Group (ECOG) performance status of 0-3, haemoglobin concentration 9 g/dL or higher, absolute neutrophil count 1 x 103 cells per mm3 or higher, and a platelet count of 80 000/mm3 or higher. We randomly assigned (1:1) patients to receive either an initial treatment of bortezomib with lenalidomide and dexamethasone (VRd group) or lenalidomide and dexamethasone alone (Rd group). Randomisation was stratified based on International Staging System stage (I, II, or III) and intent to transplant (yes vs no). The VRd regimen was given as eight 21-day cycles. Bortezomib was given at 1.3 mg/m2 intravenously on days 1, 4, 8, and 11, combined with oral lenalidomide 25 mg daily on days 1-14 plus oral dexamethasone 20 mg daily on days 1, 2, 4, 5, 8, 9, 11, and 12. The Rd regimen was given as six 28-day cycles. The standard Rd regimen consisted of 25 mg oral lenalidomide once a day for days 1-21 plus 40 mg oral dexamethasone once a day on days 1, 8, 15, and 22. The primary endpoint was progression-free survival using a prespecified one-sided stratified log rank
test at a significance level of 0.02. Analyses were intention to treat. This trial is registered with ClinicalTrials.gov, number NCT00644228. Findings Between April, 2008, and February, 2012, we randomly assigned 525 patients at 139 participating institutions (264 to VRd and 261 to Rd). In the randomly assigned patients, 21 patients in the VRd group and 31 in the Rd group were deemed ineligible based mainly on missing, insufficient, or early or late baseline laboratory data. Median progression-free survival was significantly improved in the VRd group (43 months vs 30 months in the Rd group; stratified hazard ratio [HR] 0.712, 96% CI 0.56-0.906; one-sided p value 0.0018). The median overall survival was also significantly improved in the VRd group (75 months vs 64 months in the Rd group, HR 0.709, 95% CI 0.524-0.959; two-sided p value 0.025). The rates of overall response (partial response or better) were 82% (176/216) in the VRd group and 72% (153/214) in the Rd group, and 16% (34/216) and 8% (18/214) of patients who were assessable for response in these respective groups had a complete response or better. Adverse events of grade 3 or higher were reported in 198 (82%) of 241 patients in the VRd group and 169 (75%) of 226 patients in the Rd group; 55 (23%) and 22 (10%) patients discontinued induction treatment because of adverse events, respectively. There were no treatment-related deaths in the Rd group, and two in the VRd group. Interpretation In patients with newly diagnosed myeloma, the addition of bortezomib to lenalidomide and dexamethasone resulted in significantly improved progression-free and overall survival and had an acceptable risk-benefit profile. Funding NIH, NCI, NCTN, Millennium Pharmaceuticals, Takeda Oncology Company, and Celgene Corporation. Copyright © 2017 Elsevier Ltd

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Amory J.K., Thirumalai A., Berkseth K.E.
Embase
F1000Research. 6 (no pagination), 2017. Article Number: 68. Date of Publication: 2017.
[Review]
AN: 614241900
The treatment of hypogonadism in men is of great interest to both patients and providers. There are a number of testosterone formulations currently available and several additional formulations under development. In addition, there are some lesser-used alternative therapies for the management of male hypogonadism, which may have advantages for certain patient groups. The future of hypogonadism therapy may lie in the development of selective androgen receptor modulators that allow the benefits of androgens whilst minimizing unwanted side effects.
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Publisher
627.
Sexual lifestyle among young adults with type 1 diabetes.
Pinhas-Hamiel O., Tisch E., Levek N., Ben-David R.F., Graf-Bar-El C., Yaron M., Boyko V.,
Lerner-Geva L.
Embase
Diabetes/Metabolism Research and Reviews. 33 (2) (no pagination), 2017. Article Number:
e2837. Date of Publication: 01 Feb 2017.
[Article]
AN: 613147108
Background: Sexual lifestyles including sexual activity, problems, satisfaction, and the formation
and maintenance of relationships are greatly affected by physical health. Data are limited
regarding the sexual lifestyle of adolescents and young adults with type 1 diabetes mellitus
(T1DM). Fear of hypoglycemic episodes during sexual intercourse and intimacy issues can
impact individuals with T1DM. The aim of this study was to assess sexual lifestyles of individuals
with T1DM. Methods: Fifty-three patients with T1DM, 27 (51%) males, mean +/- SD age 27.9 +/-
8.3 years completed the Hypoglycemia Fear Survey-II and the Sex Practices and Concerns
questionnaire. Results: Thirty-seven (70%) reported they never or almost never had concerns in
their sexual lifestyles that were related to their diabetes. None experienced severe hypoglycemia
during sex, but 21 (40%) reported occasional mild hypoglycemic events. More than two-thirds do
not take any measures to prevent hypoglycemia before sex (decreasing insulin dose, snacks, and
measuring blood glucose levels). Fear of hypoglycemia during sex was reported by 18 (35%);
those who reported increased fear experienced mild hypoglycemic events during sex (61.1% vs
26.5%, P =.01), were singles (94.4% vs 64.7%, P =.02), and had higher scores on the Worries
subscale of the Hypoglycemia Fear Survey-II (42.8 +/- 12.8 vs 34.9 +/- 10.5, P =.04) compared
with those who did not. Conclusions: Among young people with T1DM, most do not have
concerns regarding sex that are related to their diabetes, and most do not take specific measures
before or after sex. One-third, however, fear of hypoglycemia during sex, mostly singles and
Androgen deprivation therapy for prostate cancer an update on triptorelin.

Fahad A.H.

Embase


[Review]

AN: 614344267

Prostate cancer is not very common in our country, but the patient usually presented with advanced disease. Androgen deprivation therapy (ADT) is the mainstay palliative treatment for men with locally advanced and metastatic prostate cancer, and aims to reduce testosterone to levels obtained by surgical castration. Gonadotropin-releasing hormone (GnRH) agonists predominantly used among the ADT options. The GnRH agonist, triptorelin is a first-line hormonal therapy that has demonstrated efficacy and safety in clinical trials of patients with locally...
advanced non-metastatic or metastatic disease in our hospital. Sustained-release 1-, 3- and 6-month formulations of triptorelin, administered intramuscularly or subcutaneously, has been developed to provide improved flexibility and convenience for the patient. Also is state of castration-resistant prostate cancer (CRPC) in patients receiving ADT, continued ADT when introducing one of the various new treatment options for CRPC is beneficial. For improved survival outcomes, there remains a need to tailor ADT treatment regimens, novel hormonal agents and chemotherapy according to the individual patient with advanced prostate cancer.

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629.
Embase
International Psychogeriatrics. 29 (2) (pp 185-193), 2017. Date of Publication: 01 Feb 2017.
[Article]
AN: 612666511
Introduction: The onset of Alzheimer's disease (AD) affects couples' relationship. We investigated the perception of change and sexual satisfaction in spouse-caregivers and their partners diagnosed with AD. Methods: We compared 74 dyads of people with Alzheimer's disease (PwAD)/spouse-caregivers and 21 elderly dyads control. We assessed sexual satisfaction with Questionnaire on Sexual Experience and Satisfaction (QSES), cognition using a Mini-Mental
State Examination (MMSE), disease severity using a Clinical Dementia Rating scale (CDR), awareness of disease with Assessment Scale of Psychosocial Impact of the Diagnosis of Dementia (ASPIDD), functionality with Pfeffer Functional Activities Questionnaire (FAQ), depressive symptoms with Cornell Scale for Depression in Dementia (CSDD), quality of life using a Quality of Life in Alzheimer's Disease Scale (QoL-AD), and burden using a Zarit Burden Interview (ZBI). Results: We found differences between the perception and no perception of change in sexual activity of PwAD (p < 0.001), spouse-caregivers (p < 0.01), and controls (p < 0.05). Moderate to severe sexual dissatisfaction was observed in 36.5% of PwAD, 65% of spouse-caregivers, and 31% of controls. PwAD sexual satisfaction was related to cognitive impairment (p < 0.05). Spouse-caregivers sexual satisfaction was related to gender (p < 0.05) and the presence of sexual activity (p < 0.001). Conclusions: The perception of change with higher sexual dissatisfaction, were significant in PwAD and their spouse-caregivers, in comparison with couples of elderly without dementia. Copyright © International Psychogeriatric Association 2016.

630.

Self-disgust as a potential mechanism underlying the association between PTSD and suicide risk. Brake C.A., Rojas S.M., Badour C.L., Dutton C.E., Feldner M.T.

Embase

Journal of Anxiety Disorders. 47 (pp 1-9), 2017. Date of Publication: 01 Apr 2017.

[Article]
Suicide risk is highly prevalent among individuals with posttraumatic stress disorder (PTSD). Self-disgust, defined as disgust directed internally and comprised of disgust with oneself (disgusting self) and with one's behaviors (disgusting ways), may impact this increased risk. The present study examined self-disgust as a putative mechanism linking PTSD symptoms with suicide risk. A sample of 347 trauma-exposed undergraduates completed measures of PTSD symptoms, suicide risk, self-disgust, and depressive symptoms. Controlling for depressive symptoms, a process model indicated PTSD symptoms were positively linked to suicide risk via increased disgusting self but not disgusting ways. Process models examining individual PTSD symptom clusters revealed positive, indirect links between all PTSD symptom clusters except alterations in arousal and reactivity and suicide risk via disgusting self. These findings expand on growing literature documenting the importance of self-disgust in trauma-related pathology by identifying connections with suicide risk. Future directions and clinical considerations are discussed.

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The value of shear wave elastography in the quantification of corpus cavernosum penis rigidity and its alteration with age.

Iinci E., Turkay R., Nalbant M.O., Yenice M.G., Tugcu V.
Objective The goal of this study was to measure corpus cavernosum (CC) penis rigidity with shear wave elastography (SWE) in healthy volunteers and to evaluate the change of rigidity with age. Methods SWE was performed in 60 healthy volunteers (age range 20-71, mean 47 +/- 12.83 years). Volunteers were divided into 2 groups by age (Group 1 age <50, group 2 age >50). We assessed SWE in 3 parts of penis (proximal, middle and glans penis) on both sides of CC. All values of SWE (in kilo Pascal) were noted along with volunteers’ ages. The measurements were done both with transverse (T) and longitudinal (L) sections. We compared all SW values of penis parts and their alterations with age. Results The shear wave elastography values of CC penis increased with increasing age (p < 0.01). There was no significant difference between both sides of CC penis (p < 0.05). We calculated no significant difference between T and L sections of all parts of penis (p < 0.05). Conclusions SWE can provide noninvasive quantitative data of CC penis rigidity and its alteration with age. These data may create a new approach in the evaluation process and treatment options for penile pathologies. Copyright © 2017 Elsevier B.V.

632.
Nebivolol versus other beta blockers in patients with hypertension and erectile dysfunction.
Erectile dysfunction (ED) impacts over 100 million men worldwide and occurs at a higher incidence in men with hypertension. Beta blockers are one of several antihypertensive drug classes associated with ED. Nebivolol is a beta blocker with vasodilating properties mediated through endothelial release of nitric oxide which facilitates penile erection. Thus, nebivolol may offer an advantage over other beta blockers in the patient with hypertension and ED. A literature search comparing nebivolol with other beta blockers identified four European studies of limited duration, with the longest study being 28 weeks. Survey scores for erectile function showed significant improvement in erectile function with nebivolol in two of the studies, while the other two studies showed erectile function did not significantly worsen with nebivolol as compared with other beta blocker agents. One study showed improved erectile function scores, possibly due to the presence of a Hawthorne effect. Based on this small sample of studies, nebivolol may be of use in the patient with or at risk of developing ED, when a practitioner specifically wants to use a beta blocker as add-on antihypertensive treatment. Copyright © The Author(s) 2016.

Psychiatric disorders associated with some chronic dermatologic diseases among a group of Egyptian dermatology outpatient clinic attendants.
Background: The prevalence of psychiatric illness among patients attending dermatology clinics is increasing. The skin has a major effect on body image. Therefore, any chronic or disfiguring skin disorder can lead to significant psychological sequelae. Objective: To carry out an analysis of psychiatric disorders associated with chronic dermatologic diseases among a group of Egyptian patients. Patients and methods: This cross-sectional study was carried out on 1042 patients with psychiatric evaluation of patients with different chronic dermatologic diseases in three dermatology clinics using The Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM-5). Results: A total of 1042 patients with chronic dermatologic diseases including psoriasis, acne, alopecia areata, vitiligo, atopic dermatitis, and chronic urticaria were studied. There was a high prevalence of associated psychiatric morbidities such as depression (39.25%), anxiety (34.36%), suicidal ideation (19.48%) and attempt (2.98%), sleep disorders (18.62%), obsessive-compulsive disorders (4.61%), and sexual problems (26.49%). Conclusion: Patients with chronic dermatologic diseases are at high risk of developing psychological problems which may continue even after improvement of skin disease. The associated psychiatric disorders can range from short episodes of depression to major depression, anxiety, obsessive-compulsive disorders, and sleep disorders and can even extend to suicidal ideation and suicidal attempts. Management of the interaction between the mind and the skin can help to improve patients’ skin conditions and eventually their quality of life. Copyright © 2017 Egyptian Women's Dermatologic Society.
To Finish the Cut or Not: Should Neonatal Circumcisions Be Completed or Aborted in Patients with Unrecognized Glanular Hypospadias.
Zamilpa I., Patel A., Booth J., Canon S.

Embase
Clinical Pediatrics. 56 (2) (pp 157-161), 2017. Date of Publication: 01 Feb 2017.
[Article]
AN: 614329789

We retrospectively evaluated the management of patients with unrecognized glanular hypospadias and a completed (group 1) or aborted (group 2) neonatal circumcision. The rate and type of subsequent surgeries performed were analyzed. Penile curvature, urinary stream deviation, and their impact on management were evaluated. Surgery was done in 55% of patients - 40% of group 1 and 86% of group 2. Completion of the circumcision was done in 63% of group 2. Hypospadias repair was performed in 56% of group 1 and in 34% of group 2. Penile curvature rate did not affect the rate or type of surgery performed. Urinary stream deviation did not affect the rate of repair, but was a significant factor leading to hypospadias repair. We concluded that providers performing neonatal circumcisions do not have to abort the procedure when a glanular hypospadias is noticed. Most patients will require circumcision completion only. Copyright © SAGE Publications.

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Following Lives Undergoing Change (Flux) study: Implementation and baseline prevalence of drug use in an online cohort study of gay and bisexual men in Australia.
[Article]
AN: 613997451

Background Drug use among gay and bisexual men (GBM) is higher than most populations. The use of crystal methamphetamine, erectile dysfunction medication (EDM), and amyl nitrite have been associated with sexual risk behaviour and HIV infection among gay and bisexual men (GBM). Objective This paper describes an online prospective observational study of licit and illicit drug use among GBM and explores baseline prevalence of drug use in this sample. Capturing these data poses challenges as participants are required to disclose potentially illegal behaviours in a geographically dispersed country. To address this issue, an entirely online and study specific methodology was chosen. Methods Men living in Australia, aged 16.5 years of age or older, who identified as homosexual or bisexual or had sex with at least one man in the preceding 12 months were eligible to enrol. Results Between September 2014 and July 2015, a total of 2250 participants completed the baseline questionnaire, of whom, 1710 (76.0%) consented to six-monthly follow-up. The majority (65.7%) were recruited through Facebook targeted advertising. At baseline, over half (50.5%) the men reported the use of any illicit drug in the previous six months, and 28.0% had used party drugs. In the six months prior to enrolment, 12.0% had used crystal methamphetamine, 21.8% had used EDM, and 32.1% had used amyl nitrite. Among the 1710 men enrolled into the cohort, 790 men had used none of these drugs. Conclusion Ease of entry and minimal research burden on participants helped ensure successful recruitment into this online cohort study. Study outcomes will include the initiation and cessation of drug use, associated risk behaviours, and health consequences, over time. Results will provide insights into the role gay community plays in patterns of drug use among GBM. Copyright © 2016 Elsevier B.V.
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The appropriateness and persistence of testosterone replacement therapy in Ontario.
Martins D., Yao Z., Tadrous M., Shah B.R., Juurlink D.N., Mamdani M.M., Gomes T.
Pharmacoepidemiology and Drug Safety. 26 (2) (pp 119-126), 2017. Date of Publication: 01 Feb 2017.

Purpose: To examine the concordance between testosterone replacement therapy (TRT) use and established reimbursement criteria, as well as compare the persistence of use among available formulations (injectable, oral, topical gel, transdermal patch) among elderly men in Ontario, Canada.

Methods: We conducted a retrospective cohort study of men aged 66 years or older in Ontario newly treated with testosterone between 1 January 2009 and 31 December 2012 using linked health administrative data. Continuous use was defined on the basis of prescription refills issued within 180 days of the preceding prescription. We studied men who received at least two consecutive TRT prescriptions. We estimated the prevalence of hypogonadism, human immunodeficiency virus, specialist visits and lab tests for serum testosterone prior to initiation of TRT to investigate concordance with prescribing criteria. We also performed a Kaplan-Meier
analysis to test for differences in the median time to discontinuation among formulations. Results: Among the 4797 men who received at least two TRT prescriptions, only 38.7% met the reimbursement criteria for use prior to initiating therapy. The median time to discontinuation differed significantly among formulations and was longest among recipients of oral TRT products (383 days), and lower for recipients of topical gels (319 days), injectable (283 days) and transdermal patches (160 days; Log-rank test p < 0.001). Conclusions: A large proportion of older men in Ontario do not appear to meet reimbursement criteria prior to commencing therapy, and many discontinue TRT within a year of initiation. Copyright © 2016 John Wiley & Sons, Ltd.
Prevalence and determinants of oral human papillomavirus infection in 500 young adults from Italy.
Lupato V., Holzinger D., Hofler D., Menegaldo A., Rossi P.G., Del Mistro A., Da Mosto M.C., Pawlita M., Boscolo-Rizzo P.

Embase

[Article]
AN: 614139304

Although the prevalence of human papillomavirus (HPV)-related oropharyngeal squamous cell carcinoma (OPSCC) is increasing in developed countries and becoming a relevant health issue, the natural history of oral HPV infection is still unclear. Estimating the infection's prevalence in specific populations and identifying risk factors can widen our understanding of its natural history and help to delineate appropriate prevention strategies. This study sought to (i) determine oral HPV prevalence and genotype distribution in a large series of young Italian adults, (ii) validate an oral rinse sampling/storage protocol, and (iii) pinpoint factors associated with oral HPV infection.

Five hundred students, nurses, and technicians (19-35 years-old) studying and working at/for the University of Padua were recruited. Each participant was provided with an oral rinse sampling kit and instructions for use. They were also asked to complete an anonymous questionnaire concerning their demographic characteristics and behaviors. The questionnaires and oral rinse containers were labeled with the same identification code number. The oral rinse samples were tested using a bead-based multiplex BSGP5+/6+-MPG genotyping assay which amplifies the L1 region of 51 mucosal HPV types. The prevalence of oral HPV infection was 4.0% (95% confidence interval (CI), 2.5%-6.1%); those of 14 high-risk HPV types and of HPV-type 16 (HPV16) infection were 2.2% (95% CI, 1.1%-3.9%) and 1.6% (95% CI, 0.6%-3.1%), respectively. HPV16 was the most frequent genotype (40.0% of oral HPV infections). No association was found between oral infection and the co-variables studied (gender, tobacco, alcohol and illegal drug use, number of sex and oral sex partners, HPV vaccination status, history of HPV and sexually transmitted infections, abnormal pap smears, recurrent tonsillitis and tonsillectomy). The oral rinse sampling protocol outlined here proved to be simple, efficient and well tolerated, and the prevalence rate can be considered reliable and thus useful to guide future research.

Determinants of oral HPV infection are still unclear and further studies are certainly warranted.

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Status
EMBASE
Gender differences in the association between conduct disorder and risky sexual behavior.
Brooks Holliday S., Ewing B.A., Storholm E.D., Parast L., D'Amico E.J.

Embase
Journal of Adolescence. 56 (pp 75-83), 2017. Date of Publication: 01 Apr 2017.
[Article]
AN: 614301571

Despite suggestions that there are gender differences in the association between conduct disorder (CD) and risky sexual behavior, limited empirical research has examined this question. Youth (N = 616) were recruited from four primary care clinics and completed questions related to risky sexual behavior, alcohol and marijuana use, and CD. Results of stratified multivariate models indicated that the association between CD and having four or more lifetime partners, having two or more partners in the last 3 months, and engaging in condomless sex was stronger among female youth. However, the association between CD and alcohol and other drug use before sex was stronger in male youth. This is an important contribution to our understanding of
gender-specific manifestations of conduct disorder, and has the potential to inform screening and brief intervention efforts for this population. Copyright © 2017

639.
Human LH and hCG stimulate differently the early signalling pathways but result in equal testosterone synthesis in mouse Leydig cells in vitro.


Embase

[Article]
AN: 613958315

Background: Human luteinizing hormone (LH) and chorionic gonadotropin (hCG) are glycoprotein hormones regulating development and reproductive functions by acting on the same receptor (LHCGR). We compared the LH and hCG activity in gonadal cells from male mouse in vitro, i.e. primary Leydig cells, which is a common tool used for gonadotropin bioassay. Murine Leydig cells are naturally expressing the murine LH receptor (mLhr), which binds human LH/hCG. Methods: Cultured Leydig cells were treated by increasing doses of recombinant LH and hCG, and cell signaling, gene expression and steroid synthesis were evaluated. Results: We found that hCG is about 10-fold more potent than LH in cAMP recruitment, and slightly but significantly more potent on cAMP-dependent Erk1/2 phosphorylation. However, no significant differences occur between
LH and hCG treatments, measured as activation of downstream signals, such as Creb phosphorylation, Stard1 gene expression and testosterone synthesis. Conclusions: These data demonstrate that the responses to human LH/hCG are only quantitatively and not qualitatively different in murine cells, at least in terms of cAMP and Erk1/2 activation, and equal in activating downstream steroidogenic events. This is at odds with what we previously described in human primary granulosa cells, where LHCGR mediates a different pattern of signaling cascades, depending on the natural ligand. This finding is relevant for gonadotropin quantification used in the official pharmacopoeia, which are based on murine, in vivo bioassay and rely on the evaluation of long-term, testosterone-dependent effects mediated by rodent receptor. Copyright © 2017 The Author(s).
Comparison of health-related quality of life and disability in ulcerative colitis patients following restorative proctocolectomy with ileal pouch-anal anastomosis versus anti-tumor necrosis factor therapy.


Embase

[Conference Paper]
AN: 613534382

Background and aims Health-related quality of life (HRQL) and disability were compared in ulcerative colitis (UC) patients who underwent restorative proctocolectomy versus patients who received treatment with anti-tumor necrosis factor (anti-TNF) agents. Patients and methods UC patients who underwent restorative proctocolectomy or started anti-TNF treatment between January 2010 and January 2015 were included at two tertiary referral centers. A matched cohort was created using propensity score matching for the covariates disease duration, Montreal classification, age, and sex. HRQL and disability were assessed using the Colorectal Functional Outcome (COREFO), Inflammatory Bowel Disease Disability Index (IBD-DI), EuroQol-5D-3L, and Short Form 36 (SF-36) questionnaires. Results In total, 297 patients were included, of whom 205 (69%) patients responded. Fifty-nine pouch patients were matched to 59 anti-TNF-treated patients. Pouch patients reported better general health scores (P=0.042) compared with the anti-TNF group (SF-36). No differences were found for the EuroQol-5D-3L and IBD-DI between the two groups. Pouch patients had significantly higher COREFO scores compared with anti-TNF-treated patients for 'stool frequency' (P<0.001), 'antidiarrheal medication use' (P<0.001), and 'stool-related aspects' (P=0.004), of which the latter was because of a higher perianal skin irritation frequency (P<0.001). Conclusion UC patients who underwent restorative proctocolectomy reported a higher bowel movement frequency and more perianal skin irritation compared with anti-TNF-treated patients, but this did not affect overall disease-specific disability outcomes. Patients in the surgery group reported better outcomes for generic health compared with those in the anti-TNF group. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.

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Prostate high dose-rate brachytherapy as monotherapy for low and intermediate risk prostate cancer: Early toxicity and quality-of-life results from a randomized phase II clinical trial of one fraction of 19 Gy or two fractions of 13.5 Gy.


Embase
Radiotherapy and Oncology. 122 (1) (pp 87-92), 2017. Date of Publication: 01 Jan 2017.

[Article]
AN: 613748982

Background and purpose Multi-fraction high dose-rate (HDR) brachytherapy as monotherapy is safe and effective for low and intermediate risk prostate cancer. Two or single fraction regimens have some radiobiological rationale. The purpose is to determine toxicity and effect on health related quality of life (HRQOL) of single fraction 19 Gy or 13.5 Gy x 2. Materials and methods Eligible patients had low or intermediate risk prostate cancer, prostate volume <60 cc, and no androgen deprivation use. 170 patients were randomized to receive either a single 19 Gy or two fractions of 13.5 Gy 1 week apart. HRQOL was measured using the Expanded Prostate Index Composite (EPIC), toxicity with Common Terminology for Adverse Events (CTCAE) v4.0 and
urinary symptoms with the International Prostate Symptom Score (IPSS). Results Median follow-up is 20 months. Grade 2 urinary toxicity occurred in 51% within the first 3 months and in 31% thereafter with no significant difference between treatment arms. Ten patients (6%) developed urinary retention in the acute phase, although only 4 (2.4%) required a catheter for more than 48 h. One Grade 3 acute (3 months) and late (>3 months) urinary toxicity occurred. No more than 1% had any Grade 2 GI toxicity. The 2-fraction arm had a higher occurrence of grade 2 erectile dysfunction (29% vs. 11.5%, p = 0.0249) and higher IPSS scores for the first year. Mean EPIC urinary scores at 12 months decreased by 4.0 and 4.6, and sexual scores decreased by 8 and 15.9 (p = 0.035) in the single and 2-fraction arms, respectively. No change occurred in the bowel or hormonal domains. Conclusions Single 19 Gy and 13.5 Gy x 2 are both well tolerated. During the first 12 months, urinary symptoms and erectile dysfunction are more common in the 2-fraction arm. Copyright © 2016 Elsevier Ireland Ltd

642.

Hypersexuality in men with prolactinomas treated with dopamine agonists.
Bancos I., Nippoldt T.B., Erickson D.

Embase

[Article In Press]
AN: 614317869

Status

ARTICLE IN PRESS
643.
Embase
HIV Clinical Trials. 18 (1) (pp 28-38), 2017. Date of Publication: 02 Jan 2017.
[Article]
AN: 613690417
Background: HIV-infected adults have increased fracture risk. Objectives: To generate pilot data comparing bone density, structure, and strength between HIV-infected adults with and without a prior fracture. Methods: Adults with and without a prior fracture after their HIV diagnosis were matched 1:1 based on age, sex, race, and smoking history. Participants underwent dual-energy X-ray absorptiometry (DXA), trabecular bone score (TBS), hip structural analyses (HSA), vertebral fracture assessment (VFA), high-resolution peripheral quantitative tomography (HR-pQCT) and measurement of bone turnover markers. Results were compared between cases and controls, with differences expressed as percentages of control group values. Results: 23 pairs were included. On DXA, cases had lower areal bone mineral density (aBMD) at the total hip (median difference in T-score -0.25, p = 0.04), but not the lumbar spine (median difference in T-score 0.10, p = 0.68). Cases had greater abnormalities in HSA and most HR-pQCT and HSA measures, by up to 15%. VFA revealed two subclinical fractures among cases but none among controls. TBS, CTX, and P1NP levels were similar between groups, with differences of 1.9% (p = 0.90), 9.7% (p = 0.55), and 10.0% (p = 0.24), respectively. For each parameter, we report the median and interquartile range for the absolute and relative difference between cases and
controls, the correlation between cases and controls, and our recruitment rates, to inform the
design of future studies. Conclusions: These pilot data suggest potential differences in bone
structure, estimated bone strength, and asymptomatic vertebral fractures among HIV-infected
adults with and without fracture, warranting further study as markers of fracture risk in HIV.

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644.

Association of sleep disturbance and sexual function in postmenopausal women.
Kling J.M., Manson J.E., Naughton M.J., Temkit M., Sullivan S.D., Gower E.W., Hale L., Weitlauf
J.C., Nowakowski S., Crandall C.J.

Embase
OBJECTIVE:: Sleep disturbance and sexual dysfunction are common in menopause; however, the nature of their association is unclear. The present study aimed to determine whether sleep characteristics were associated with sexual activity and sexual satisfaction. METHODS:: Sexual function in the last year and sleep characteristics (past 4 wk) were assessed by self-report at baseline for 93,668 women age 50 to 79 years enrolled in the Women's Health Initiative (WHI) Observational Study (OS). Insomnia was measured using the validated WHI Insomnia Rating Scale. Sleep-disordered breathing (SDB) risk was assessed using questions adapted from the Berlin Questionnaire. Using multivariate logistic regression, we examined cross-sectional associations between sleep measures and two indicators of sexual function: partnered sexual activity and sexual satisfaction within the last year. RESULTS:: Fifty-six percent overall reported being somewhat or very satisfied with their current sexual activity, and 52% reported partnered sexual activity within the last year. Insomnia prevalence was 31%. After multivariable adjustment, higher insomnia scores were associated with lower odds of sexual satisfaction (yes/no) (odds ratio [OR] 0.92, 95% CI, 0.87-0.96). Short sleep duration (<7-8?h) was associated with lower odds of partnered sexual activity (yes/no) (<5?h, OR 0.88, 95% CI, 0.80-0.96) and less sexual satisfaction (<5?h, OR 0.88, 95% CI, 0.81-0.95). CONCLUSIONS:: Shorter sleep durations and higher insomnia scores were associated with decreased sexual function, even after adjustment for potential confounders, suggesting the importance of sufficient, high-quality sleep for sexual function. Longitudinal investigation of sleep and its impact on sexual function postmenopause will clarify this relationship. Copyright © 2017 by The North American Menopause Society.
Current and recalled childhood gender identity in community youth in comparison to referred adolescents seeking sex reassignment.

Sumia M., Lindberg N., Tyolajarvi M., Kaltiala-Heino R.

*Embase*  
Journal of Adolescence. 56 (pp 34-39), 2017. Date of Publication: 01 Apr 2017.  
[Article]  
AN: 614194002

We studied current (GIDYQ-A) and recalled (RCGI) childhood gender identity among 719 upper secondary school students 401 girls, mean age 17.0 (SD = 0.88) years old and 318 boys, mean age 17.2 (SD = 0.86 years old in Finland. We also compared these dimensions of identity in community youth to same dimensions among adolescent sex reassignment (SR) applicants. Most community youth scored high on the normative, cis-gender end of gender experience (median score 4.9 for boys and 4.9 for girls) and recalled fairly gender typical childhood behaviours and experiences. The girls displayed more gender non-conformity in childhood. Among the boys 2.2% and among the girls 0.5% displayed potentially clinically significant gender dysphoria on the GIDYQ-A. The community youth differed clearly from adolescent SR applicants on current and recalled childhood gender identity (SR applicants were 47, 6 natal boys and 41 natal girls, average ages were 16.4 years old (SD = 0.93) and girls were on average 16.8 years old (SD = 1.0).  

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Aim: To assess serum testosterone and gonadotropins in Sertoli cell only syndrome patients from Gaza Strip. Method: Based on testicular biopsy, a cross section of 74 Sertoli cell only syndrome patients were enrolled in the study. Age matched 44 fertile men were served as controls. Patients and controls were questioned for their medical history. Blood samples were drawn and serum testosterone, luteinizing hormone (LH), and follicle stimulating hormone (FSH) were determined by enzyme-linked immunosorbent assay. Data were computer analyzed using SPSS/PC, version 18.0. Results: Varicocele and hormonal problems were significantly more frequent among patients than controls (P<0.05). Serum testosterone was significantly lower in patients compared to controls (1.7+/−1.3 versus 5.0+/−2.2 ng/ml, P=0.000). In contrast, LH and FSH were significantly higher in patients than controls (12.8+/−9.7 and 20.8+/−14.8 mlU/ml versus 6.3+/−3.1 and 7.7+/−3.9 mlU/ml, P=0.000, respectively). Hypergonadotrophic hypogonadism and hypogonadotrophic hypogonadism patients showed lower levels of testosterone compared to the normal reference value (0.9+/−0.5 and 0.5+/−0.4 ng/ml versus 2.0-7.0 ng/ml). Higher levels of LH and FSH were recorded in hypergonadotrophic hypogonadism (24.5+/−2.6 and 37.4+/−6.7 mlU/ml) compared to the reference values of 2.0-13.0 and 2.5-10.0 mlU/ml, respectively whereas LH and FSH levels were lower in hypogonadotrophic hypogonadism (0.6+/−0.4 and 0.6+/−0.5 mlU/ml, respectively). In this context, all hypergonadotrophic hypogonadism and hypogonadotrophic hypogonadism patients showed abnormal levels of testosterone, LH and FSH. Conclusions: Abnormal levels of serum testosterone, LH and FSH, particularly in hypergonadotrophic
Modified Primary Urethral Realignment Under Flexible Urethroscope.

Huang G., Man L., Li G., Wang H., Liu N.

Embase
[Article]
AN: 611814560

Objective: To assess the clinical significance of flexible endoscopic realignment in the treatment of posterior urethral disruption in comparison to the traditional open realignment method.

Methods: A total of 58 patients suffering posterior urethral disruption were enrolled into the current study from January 2003 to May 2009. Of them, 23 patients (Group A) were treated with modified technique of urethral realignment under flexible urethroscopy and 35 patients (Group B) received conventional open realignment. Results: Either procedure was successfully performed in both groups. However, the operation time was significantly shorter in Group A (29.1 +/- 9.5 min) than that in Group B (58.1 +/- 11.2 min, p < 0.001). Also, patients in Group A had a significantly decreased incidence of stricture (4 of 23 cases in Group A versus 15 of 35 cases in Group B, p = 0.043) and formation of false urethra (0 of 23 cases in Group A versus 7 of 35 cases in Group B,
p = 0.035). Prevalence of secondary urethroplasty was less in Group A (1/23) compared to Group B (8/35), but there was no statistical difference (p = 0.057). In addition, there was no significant difference in morbidity of urinary infection, incidence of incontinence, and impotence between the two groups (p > 0.05). Conclusion: Compared to the traditional open realignment, the new technique of urethral realignment under flexible endoscope has the advantage of short operation time, minimally invasive and less complications. Copyright © 2017 Taylor & Francis Group, LLC.

648.
No difference in sexual dysfunction after transabdominal preperitoneal (TAPP) approach for inguinal hernia with fibrin sealant or tacks for mesh fixation.

Surgical Endoscopy and Other Interventional Techniques. 31 (2) (pp 661-666), 2017. Date of Publication: 01 Feb 2017.
[Article]
AN: 610775093
Background: Postoperative sexual dysfunction in relation to laparoscopic groin hernia surgery may be related to methods of mesh fixation. However, this has not been investigated earlier. Moreover, results regarding sexual dysfunction in females have not been reported systematically. The aim of this study was to compare fibrin sealant versus tacks for fixation of mesh regarding sexual dysfunction in males and females. Methods: Using the Danish Hernia Database, patients operated laparoscopically for groin hernia with a transabdominal preperitoneal (TAPP) procedure with fibrin sealant or tacks for mesh fixation were sent a questionnaire regarding sexual
dysfunction. Sexually active patients without recurrence were evaluated in this study. Results: Pain during sexual activity was present in 115 of 1019 (11.3 %) males and 17 of 147 (11.6 %) females. There was no difference between fibrin sealant and tacks for mesh fixation and no difference between genders. Pain intensity, characteristics and origin were comparable between fibrin sealant and tacks for both genders. We found a relationship between a higher rate of sexual dysfunction and lower age for both genders. Conclusion: We found no difference between fibrin sealant and tacks in pain during sexual activity or intensity of pain. However, younger age may be a risk factor for pain during sexual activity. Considering the high rate of postoperative sexual dysfunction, it is important to include this topic in the preoperative patient information. Copyright © 2016, Springer Science+Business Media New York.

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649.
CRISPR/Cas9-mediated simultaneous knockout of Dmrt1 and Dmrt3 does not recapitulate the 46,XY gonadal dysgenesis observed in 9p24.3 deletion patients.
Inui M., Tamano M., Kato T., Takada S.
Embase
Biochemistry and Biophysics Reports. 9 (pp 238-244), 2017. Date of Publication: 01 Mar 2017.
DM domain transcription factors play important roles in sexual development in a wide variety of species from invertebrate to humans. Among seven mammalian family members of DM domain transcription factors, DMRT1 has been studied in mouse and human for its conserved role in male gonadal identity. Chromosomal deletion of 9p24.3, the region in which DMRT1 is located, is associated with 46,XY gonadal dysgenesis. Dmrt1 knockout (KO) mice also showed male-to-female gonadal reprogramming. However, the phenotype of Dmrt1 KO mouse appears only after birth while 46,XY gonadal dysgenesis occurs during the developmental phase, and the cause behind this difference remained unknown. We hypothesized that in human the function of other DMRT genes clustered with DMRT1, namely DMRT3, might also be impaired by the chromosomal deletion, which leads to the gonadal dysgenesis phenotype. Thus, simultaneous loss of multiple DM domain genes in mice could have a more severe impact on gonadal development. To address this issue, we generated double KO mice for Dmrt1 and Dmrt3 via the CRISPR/Cas9 system. Comparing adult and neonatal testes of single and double KO mice, we found that loss of Dmrt1 or Dmrt3, or both, does not have apparent effect on male gonadal formation during embryonic development. Our study demonstrated that the discrepancy between human with 9p24.3 deletion and Dmrt1 KO mouse could not be explained by the simultaneous loss of Dmrt3 gene. CRISPR/Cas9 is a versatile and straightforward approach to elucidate the questions that were otherwise difficult to address with conventional methods. Copyright © 2017

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2017
Neo-yoke repair for severe hypospadias: A simple modification for better outcome.
Seleim H.M., Morsi H., Elbarbary M.M.
Embase
[Article In Press]
AN: 614278977

Background: Although staged repair for reconstructing severe hypospadias is more popular, various one-stage repairs have been attempted. Koyanagi repair (parameatal-based and fully extended circumferential foreskin flap urethroplasty) has enabled correction of severe hypospadias in one stage. However, its un-acceptably high incidence of complications has initiated a series of technical modifications, including the "yoke" repair. Objectives: To retrospectively analyze the outcome of a proposed modification of the originally described yoke repair, for patients with severe hypospadias. This modification was developed to reduce complications. Study design: Over 4 years (between Jan 2011 and Jan 2015), all cases of severe hypospadias were included in this study; except those with prior attempts at repair, circumcised cases, and cases with severe hypogonadism - because of partial androgen insensitivity - not responding to hormonal manipulations. The make-up of the neo-urethra in this modification is the urethral plate with its spongiosal tissue proximally, a circum-coronal preputial pedicled flap in the middle, and an incorporated part of the augmented preputial flap and the preserved V-shaped glanular urethra, distally. Close postoperative follow-up was conducted to investigate the outcome. Results: Thirty-one children with a median age of 32.48 months had repair of severe hypospadias using the neo-yoke technique. After a median follow-up of 26.7 months, the overall complication rate was 16.1%. Four children developed urethrocutaneous fistula (12.9%). Meatal drop-back occurred in one case (3.2%). No meatal stenosis or urethral sacculation was detected during follow-up of the studied group. Almost all cases had cosmetically appealing outlook. Single-staged repair of severe hypospadias using parameatal foreskin-based urethroplasty has passed through different modifications, all aimed at optimizing the outcome (Table). Conclusion: Neo-yoke repair for severe hypospadias is a natural development of established one-stage techniques, which resulted in better mid-term outcomes. However, an extended study is needed to declare the long-term results.

Summary Table

<table>
<thead>
<tr>
<th>Procedure name</th>
<th>Flap design</th>
<th>Studied series</th>
<th>Results</th>
<th>Overall success rate</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Koyanagi-Nonomura</td>
<td>Two parallel parameatal skin flaps extending distally into the inner-face prepuce, supplied solely by perimeatal spongiosal tissue</td>
<td>7053</td>
<td>53%</td>
<td>Ischemic long skin flaps resulted in strictures, fistulas, and disruptions</td>
<td></td>
</tr>
<tr>
<td>Koyanagi et al., 1994</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snow and Cartwright, 1994</td>
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</tbody>
</table>

All
resembled a yoke drawn around the glans penis, being richly supplied by perimeatal spongiosal tissue and preserved preputial vascular pedicle. Modified Koyanagi technique (2000) and penoscrotal fistula (Emir et al., 2000). Modification of the Koyanagi technique (2001) and urethrocutaneous fistula (Hayashi et al., 2001). Modified Koyanagi repair (2007) and meatal stenosis (Hayashi et al., 2007). Neo-modified Koyanagi technique (Divided the yoke at 12 o'clock to the root of penis, then rotated ventrally to be sutured to the sides of distally retracted urethral plate. Present study (Neo-yoke repair) and urethrocutaneous fistula (1292%1). Meatal stenosis (Presented study and Neo-yoke repair) and urethrocutaneous fistula (3184%4). Meatal drop-back (Copyright © 2017 Journal of Pediatric Urology Company). Status: ARTICLE IN PRESS

Institution: (Seleim) Pediatric Surgery Unit, Tanta University Hospital, Tanta, Egypt. (Morsi) Pediatric Urology Unit, Cairo University Specialized Children Hospital, Cairo, Egypt. (Elbarbary) Pediatric Surgery Unit, Cairo University Specialized Children Hospital, Cairo, Egypt. Publisher: Elsevier Ltd. Date Created: 20170204. Year of Publication: 2017.


Embase

Aggression and Violent Behavior. (no pagination), 2017. Date of Publication: January 15, 2016. [Article In Press]

AN: 614278162
There is an important theoretical distinction between biological and sociolegal incest offenders, but this is not always recognized in clinical or empirical work. The purpose of the current meta-
analysis was to examine the extent to which biological and sociolegal incest offenders differ on a number of theoretically or clinically relevant domains. We compared a total of 4192 biological incest offenders to 2322 sociolegal incest offenders across 27 samples that were disseminated between 1984 and 2012 (Mdn = 1993). Sociolegal incest offenders exhibited more antisocial tendencies (general self-regulation problems, impulsivity, drug and alcohol problems) compared to biological incest offenders. Biological incest offenders exhibited more psychopathology (repression, mental health difficulties) compared to sociolegal incest offenders. Differences were generally small to moderate in magnitude. Contrary to expectations, there were no meaningful differences between groups on atypical sexual interests (ds ranged from -0.09 to 0.11), though sociolegal incest offenders were more likely to have sexual self-regulation problems. One meaningful moderator emerged: whether the biological incest offender group was composed only of biological fathers or of both biological fathers and other biological relatives (e.g., uncles and grandfathers). The theoretical implications of these results are discussed, and areas of future research are highlighted. Copyright © 2017 Elsevier Ltd.

Erratum: The CopenHeartSF trial-comprehensive sexual rehabilitation programme for male patients with implantable cardioverter defibrillator or ischaemic heart disease and impaired sexual
There has been an update to the Statistical Analyses Plan. The new Statistical Analysis section should read: Statistical analysis The analysis will follow the intention-to-treat principle with two-sided significance test at the 5% level. Continuous outcomes will follow the same procedure as described in the following for the primary outcome. The primary outcome is the International Index of Erectile Function overall score. The five domains of the questionnaire are all exploratory outcome, but particular attention is given the Erectile Function domain. The secondary outcome is PAIS-SR sexual relationship domain. The explorative physical outcomes are pelvic floor strength and endurance (one categorical and two continuous variables), peak VO2, heart rate (beats per minute), blood pressure, Watt Max, Anaerobic Threshold, and VE/VCO2 slope. The questionnaire-based exploratory outcomes are SF-36 (the two component scores: physical (SF36-PCS) and mental (SF36-MCS)), Hospital Anxiety and Depression Scale (HADS) anxiety and depression (binary variable: score of 8+) and EQ-5D-5L converted to index score. Sex after ICD-questionnaires (reported as categorical variables) are evaluated for ICD patients. The primary model for assessing the effect of intervention is the univariate general linear model. This model assesses (1) whether there is an effect of the intervention 16 weeks after randomization, between the intervention group and the control group. If there is a statistically significant effect we will perform subgroup analysis and test (2) whether there is a difference between the two patient groups regarding the size of the effect. Model 2 includes the follow-up data (month six) using a mixed model because of repeated outcome measures. In this model the baseline value of the outcome, intervention indicator (I), patients indicator (G), the interaction between I and G and stratification variable (aged above and below 60 years) are included. Subgroup analysis of the primary outcome and all analyses of the secondary and exploratory outcomes are considered hypothesis generating if the effects are statistically significant (P<0.05). If missing values of the primary outcome is above 15% or the P-value of Little's test is below 0.05 multiple imputation techniques will be used. If the intervention effect of the primary analysis in the univariate general linear model is significant, the analysis is supplemented with a worst/best case analysis. The results of the multiple imputed dataset are considered the primary analysis.
Bulbocavernosus muscle area as a novel marker for hypogonadism.
Gupta N., Carvajal M., Jurewicz M., Gilbert B.R.

Embase
[Article]
AN: 614093551

Objective Late-onset hypogonadism, or androgen deficiency in the aging male, is a significant cause of morbidity in older men. Many men in the low normal or equivocal range for low testosterone level exhibit signs and symptoms of hypogonadism. Serum testosterone is an imperfect maker for hypogonadism as symptoms vary greatly within the low to low normal range in addition to variations among testosterone assays. Perineal ultrasound can be effectively used to examine the bulbocavernosus muscle (BCM), an androgenized tissue that may be impacted by androgen receptor activity. Methods This study was a retrospective analysis of men who underwent perineal ultrasound for hypogonadism. The ultrasound data were used to calculate the area of the BCM and correlate it with indices of hypogonadism in symptomatic men including free and total testosterone and dual-energy X-ray absorptiometry (DEXA). Results The results demonstrate that there is a significant correlation between total and free testosterone and BCM area in hypogonadal patients. Comparison between BCM area and total testosterone showed \( R^2 = 0.061 \) and \( p = 0.0187 \) and comparison between BCM area and free testosterone showed \( R^2 = 0.0957 \) and \( p = 0.0034 \). In addition, low BCM was also correlated with DEXA results showing osteoporosis and osteopenia \( (R^2 = 0.2239, p = 0.0027) \). Conclusion There has been recent controversy over the safety of testosterone replacement therapy. This might be particularly important in men with hypogonadal symptoms but a low normal testosterone level. Our study investigated the use of perineal ultrasound to measure BCM as a surrogate marker for poor
androgenized men presenting with hypogonadism. Copyright © 2017 Editorial Office of Asian Journal of Urology

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2017

654.
Chiricozzi A., Zangrilli A., Bavetta M., Bianchi L., Chimenti S., Saraceno R.
Embase
Journal of the European Academy of Dermatology and Venereology. 31 (2) (pp 304-311), 2017.
Date of Publication: 01 Feb 2017.
[Article]
AN: 611110434
Background: Observational studies in daily practice are an essential complement to pivotal randomised controlled trials because their findings refer to larger and more diverse patient populations with common comorbidities, complex medical history, concomitant medications and longer follow-up periods. Objectives: To evaluate long-term clinical outcomes of the anti-TNF-alpha monoclonal antibody, adalimumab, in patients with psoriasis (PsO) or psoriatic arthritis (PsA) referring to an Italian dermatological centre. Methods: Single-centre retrospective real-world investigation with an observation period of up to 9 years. Results: We reviewed the records of 316 patients (117 with PsO and 199 with PsA) treated with adalimumab and followed for up to 9 years. Safety and efficacy of adalimumab were consistent with those described in randomised controlled trials (RCTs) and other observational studies. A rapid and sustained improvement of
skin lesions (evaluated as Psoriasis Area and Severity Index (PASI) 75, PASI 90 and PASI 100 response rates) was observed in the majority of patients, including those with body mass index (BMI) >30 and with prior experience of biologic therapies (including other anti-TNFs). The safety profile of adalimumab was confirmed also in elderly patients (>65 years). Conclusion: Our real-life experience shows that the long-term treatment with adalimumab is effective and well tolerated in psoriatic patients, including overweight/obese, elderly and anti-TNF-experienced subjects.

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2017

655.
Tadalafil improves lean mass and endothelial function in nonobese men with mild ED/LUTS: in vivo and in vitro characterization.


Embase
Endocrine. (pp 1-10), 2017. Date of Publication: 30 Jan 2017.
[Article In Press]

AN: 614254763

Purpose: Phosphodiesterase type-5 inhibitor administration in diabetic men with erectile dysfunction (ED) is associated with reduced waist circumference. We evaluated potential effects of daily tadalafil administration on body composition and investigated its possible mechanism(s) of action in C2C12 skeletal muscle cells in vitro. Methods: Forty-three men on stable caloric intake (mean age 48.5 +/- 7; BMI 25.5 +/- 0.9 kg/m2) complaining mild ED and/or low urinary tract
symptoms (LUTS) were randomly assigned to receive tadalafil (TAD) 5 mg/daily (once-a-day=OAD-TAD; n = 23) or 20 mg on-demand (on-demand=OD-TAD; n = 20) for 2 months. Primary outcomes were variations of body composition measured by Dual-energy X-ray absorptiometry; secondary outcomes were ED/LUTS questionnaire scores along with hormone (testosterone, estradiol, insulin) and endothelial function (Endopat2000) variations. Results: OAD-TAD increased abdominal lean mass (p < 0.01) that returned to baseline after 2 months withdrawal. LUTS scores improved (p<0.01) in OD-TAD while ED scores improved (p < 0.01) in both groups. We found significant improvements in endothelial function (p < 0.05) that directly correlated with serum insulin (p < 0.01; r = 0.3641) and inversely correlated with estradiol levels (p < 0.01; r = 0.3655) even when corrected for potential confounders. Exposure of C2C12 cells upon increasing tadalafil concentrations (10^{-7} to 10^{-6} M) increased total androgen receptor mRNA and protein expression as well as myogenin protein expression after 24 and 72 h (2.8 +/- 0.4-fold and 1.4 +/- 0.02-fold vs. control, respectively, p < 0.05). Conclusions: Daily tadalafil improved lean mass content in non-obese men probably via enhanced insulin secretion, estradiol reduction, and improvement of endothelial function in vivo. The in vitro increased myogenin and androgen receptor protein expression in skeletal muscle cells suggests a translational action of phosphodiesterase type-5 on this receptor.  Copyright © 2017 Springer Science+Business Media New York

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Humana Press Inc. (E-mail: humana@humanapr.com)

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20170203

Year of Publication
2017
Role of expression of inflammatory mediators in primary and recurrent lumbar disc herniation.

Dagistan Y., Cukur S., Dagistan E., Gezici A.R.

Embase


[Article]

AN: 614190835

Objective: To assess role of some inflammatory mediators in patients with primary and recurrent lumbar disc herniation. Expression of IL-6, transforming growth factor (TGF)-1, insulin-like growth factor (IGF)-1, and Bcl-2-associated X protein (BAX) have been shown to be more intense in the primary group than the recurrent group, but these mediators may be important aspects prognostic.

Methods: 19 patients underwent primary and revision operations between June 1, 2009 and June 1, 2014, and they were included in this study. The 19 patients’ intervertebral disc specimens obtained from the primary procedures and reoperations were evaluated. Expression of IL-6, TGF-1, IGF-1, and BAX were examined immunohistochemically in the 38 biopsy tissues obtained from the primary and recurrent herniated intervertebral discs during the operation.

Results: For IL-6 expression in the intervertebral disc specimens, there was no difference between the groups. The immunohistochemical study showed that the intervertebral disc specimens in the primary group were stained intensely by TGF-1 compared with the recurrent group. Expression of IGF-1 in the primary group was found moderate. In contrast, in the recurrent group of patients was mild expression of IGF-1. The primary group intervertebral disc specimens were stained moderately by BAX compared with the recurrent group.

Conclusion: The results of our prognostic evaluation of patients in the recurrent group who were operated due to disc herniation suggest that mediators may be important parameters. Copyright © 2017 The Korean Neurosurgical Society.

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Publisher
The regulation of transient receptor potential canonical 4 (TRPC4) channel by phosphodiesterase 5 inhibitor via the cyclic guanosine 3′5′-monophosphate.

Wie J., Jeong S., Kwak M., Myeong J., Chae M., Park J.K., Lee S.W., So I.

Embase


[Article In Press]

AN: 614229468

The transient receptor potential (TRP) protein superfamily consists of a diverse group of cation channels that bear structural similarities to the fruit fly Drosophila TRP. The TRP superfamily is distinct from other groups of ion channels in displaying a large diversity in ion selectivity, modes of activation, and physiological functions. Classical TRP (transient receptor potential canonical (TRPC)) channels are activated by stimulation of Gq-PLC-coupled receptors and modulated by phosphorylation. The cyclic guanosine monophosphate (cGMP)-PKG pathway is involved in the regulation of TRPC3 and TRPC6 channels. Phosphodiesterase (PDE) 5 inhibitor induced muscle relaxation in corporal smooth muscle cells and was used to treat erectile dysfunction by inhibiting cGMP degradation. Here, we report the functional relationship between TRPC4 and cGMP. In human embryonic kidney (HEK) 293 cells overexpressing TRPC4, cGMP selectively activated TRPC4 channels and increased cytosolic calcium level through TRPC4 channel. We investigated phosphorylation sites in TRPC4 channels and identified S688 as an important phosphorylation site for the cGMP-PKG pathway. Cyclic GMP also activated TRPC4-like current with doubly rectifying current-voltage relationship in prostate smooth muscle cell lines. Taken together, these results show that TRPC4 is phosphorylated by the cGMP-PKG pathway and might be an important target for modulating prostate function by PDE5 inhibitors.
Introduction: The National Institute of Health defined 'erectile dysfunction' as the persistent inability to achieve and/or to maintain an erection for a satisfactory sexual performance. In last few years, the concept of erectile dysfunction has evolved from that of a disorder referred to as 'impotence' which used to be considered predominantly psychogenic to that of 'Erectile Dysfunction' (ED), a well understood physiologic result of multiple risk factors, both psychological and organic. The most common cause of organic erectile dysfunction is vasculogenic causes. Doppler evaluation of cavernosal arteries after intracavernosal injection of Papaverine is particularly useful in the evaluation of vasculogenic causes. Aim: To define the role of
intracavernosal injection of Papaverine in the evaluation of vasculogenic causes of erectile dysfunction that includes arterial insufficiency and veno occlusive nature. Materials and Methods: Pharmaco Penile Duplex Ultrasonography (PPDU) was done using a linear broadband phased array transducer (5-12 MHz) on a Esaote MyLab 60 ultrasound colour Doppler system on 73 patients over a period of three years. Informed consent was taken from all patients. Visual grading score for erection, Cavernosal Artery Diameter (CAD), PSV (Peak Systolic Velocity), EDV (End Diastolic Velocity), RI (Resistive Index), AT (Acceleration Time) and dorsal vein changes were obtained in all patients following intracavernosal injection of Papaverine. Results: Visual grading for erectile response was E0 in one patient, E1 in 11 patients, E2 in 9 patients, E3 in 7 patients, E4 in 4 patients and E5 in 41 patients. Eighteen patients were diagnosed as having arterial insufficiency, three patients were diagnosed as having venous insufficiency and two patients showed indeterminate results. Conclusion: In our study, Papaverine induced PPDU proved to be highly accurate and excellent method for assessing patients with erectile dysfunction. Copyright © 2017, Journal of Clinical and Diagnostic Research. All rights reserved.
Polymer-delivered subcutaneous leuprolide acetate formulations achieve and maintain castrate concentrations of testosterone in four open-label studies in patients with advanced prostate cancer.

Shore N.D., Chu F., Moul J., Saltzstein D., Concepcion R., McLane J., Atkinson S., Yang A., Crawford E.D.

Embase
BJU International. 119 (2) (pp 239-244), 2017. Date of Publication: 01 Feb 2017.
[Article]
AN: 609929514

Objective: To determine whether luteinising hormone-releasing hormone (LHRH) agonist, ATRIGEL polymer-delivered, subcutaneous, leuprolide acetate (ADSC-LA), formulations suppressed serum testosterone to concentrations of <20 ng/dL. Patients and Methods: Data from four open-label, fixed-dose studies were evaluated. Male patients aged 40-86 years with advanced prostatic adenocarcinoma, whom had not undergone prior androgen-deprivation therapy (ADT), were treated with a depot formulation of ADSC-LA: 7.5 mg (1-month, 120 patients), 22.5 mg (3-month, 117 patients), 30 mg (4-month, 90 patients), or 45 mg (6-month, 111 patients). Serum testosterone was sampled at screening, baseline, 2, 4, 8 h after dosing, 1, 2, 3, and 7 days, and every week until the next dose, at which time, the sampling schedule repeated until the end of study (24 weeks for 1- and 3-month formulations, 32 weeks for 4-month, and 48 weeks for the 6-month). The primary analyses were mean serum testosterone concentrations and proportion of patients who achieved concentrations of <20 ng/dL. Results: The mean (SE) serum testosterone concentrations at the end of study were consistently <20 ng/dL in each study, at 6.1 (0.4), 10.1 (0.7), 12.4 (0.8), and 12.6 (2.1) ng/dL for the 1-, 3-, 4-, and 6-month formulations, respectively. A high proportion of patients (94%, 90%, 92%, 96% for the 1-, 3-, 4-, and 6-month formulations, respectively) achieved testosterone concentrations of <20 ng/dL within 6 weeks, and 90-97% of patients in all studies maintained concentrations of <20 ng/dL from weeks 6-24. Conclusions: Recent studies have shown improved outcomes in patients with prostate cancer who consistently attained a more rigorous level of testosterone suppression (<20 ng/dL) with ADT than the historical standard (<50 ng/dL). All doses of ADSC-LA rapidly achieved and maintained mean serum testosterone to the more rigorous target concentration of <20 ng/dL. These data suggest that ADSC-LA delivers equivalent testosterone suppression as achieved by surgical castration.

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Body image in patients with mental disorders: Characteristics, associations with diagnosis and treatment outcome.

Scheffers M., van Busschbach J.T., Bosscher R.J., Aerts L.C., Wiersma D., Schoevers R.A.

Embase
Comprehensive Psychiatry. 74 (pp 53-60), 2017. Date of Publication: 01 Apr 2017.

[Article]
AN: 614048274

Objective Despite the increasing recognition in clinical practice of body image problems in other than appearance related mental disorders, the question remains how aspects of body image are affected in different disorders. The aim of this study was to measure body image in patients with a variety of mental disorders and to compare scores with those in the general population in order to obtain more insight in the relative disturbance of body image in the patients group compared to healthy controls. In a further exploration associations with self-reported mental health, quality of life and empowerment were established as well as the changes in body image in patients over time. Methods 176 women and 91 men in regular psychiatric treatment completed the Dresden Body Image Questionnaire, the Outcome Questionnaire, the Manchester Short Assessment of
Quality of Life and the Mental Health Confidence Scale. Measurements were repeated after four months. Results Patients with mental disorders, especially those with post-traumatic stress disorder (PTSD), scored significantly lower on body image, with large effect sizes, in comparison with the healthy controls. Scores of patients from different diagnostic groups varied across domains of body image, with body acceptance lowest in the group with eating disorders, and sexual fulfillment extremely low in PTSD. Vitality did not differ significantly between the various disorders. Gender differences were large for body acceptance and sexual fulfillment and small for vitality. Associations of body image with self-reported mental health, quality of life and empowerment were moderate to strong. After four months of treatment positive changes in body image were observed. Conclusions Negative body image is a common problem occurring in most patients with mental disorders. Diagnosis-specific profiles emerge, with PTSD being the most affected disorder. Body acceptance and sexual fulfillment were the most differentiating aspects of body image between diagnoses. Changes in body image occur over the course of treatment.
AN: 611664257
Objectives: To evaluate the effects of testosterone-replacement therapy (TRT) on prostate health indicators in hypogonadal men, including rates of prostate cancer diagnoses, changes in prostate-specific antigen (PSA) levels and lower urinary tract symptoms (LUTS) over time.
Patients and Methods: The Registry of Hypogonadism in Men (RHYME) is a multi-national patient registry of treated and untreated, newly-diagnosed hypogonadal men (n = 999). Follow-up assessments were performed at 3-6, 12, 24, and 36 months. Baseline and follow-up data collection included medical history, physical examination, blood sampling, and patient questionnaires. Prostate biopsies underwent blinded independent adjudication for the presence and severity of prostate cancer; PSA and testosterone levels were measured via local and central laboratory assays; and LUTS severity was assessed via the International Prostate Symptom Score (IPSS). Incidence rates per 100 000 person-years were calculated. Longitudinal mixed models were used to assess effects of testosterone on PSA levels and IPSS. Results: Of the 999 men with clinically diagnosed hypogonadism (HG), 750 (75%) initiated TRT, contributing 23 900 person-months of exposure. The mean testosterone levels increased from 8.3 to 15.4 nmol/L in treated men, compared to only a slight increase from 9.4 to 11.3 nmol/L in untreated men. In all, 55 biopsies were performed for suspected prostate cancer, and 12 non-cancer related biopsies were performed for other reasons. Overall, the proportion of positive biopsies was nearly identical in men on TRT (37.5%) compared to those not on TRT (37.0%) over the course of the study. There were no differences in PSA levels, total IPSS, or the IPSS obstructive sub-scale score by TRT status. Lower IPSS irritative sub-scale scores were reported in treated compared to untreated men. Conclusions: Results support prostate safety of TRT in newly diagnosed men with HG. Copyright © 2016 The Authors BJU International © 2016 BJU International Published by John Wiley & Sons Ltd
Status
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Institution
Long-Term Follow-Up of Primary Medical Versus Surgical Treatment of Prolactinomas in Men: Effects on Hyperprolactinemia, Hypogonadism, and Bone Health.


Embase
[Article]
AN: 613258947

Objective In men with prolactinomas, impaired bone density is the principle consequence of hyperprolactinemia-induced hypogonadism. Although dopamine agonists (DAs) are the first-line
approach in prolactinomas, surgery can be considered in selected cases. In this study, we aimed to investigate the long-term control of hyperprolactinemia, hypogonadism, and bone health comparing primary medical and surgical therapy in men who had not had prior DA treatment. 

Methods This is a retrospective case-note study of 44 consecutive men with prolactinomas and no prior DAs managed in a single tertiary referral center. Clinical, biochemical, and radiologic response to the first-line approach were analyzed in the 2 cohorts. Results Mean age at diagnosis was 47 years (range, 22-78 years). The prevalence of hypogonadism was 86%, and 27% of patients had pathologic bone density at baseline. The primary therapeutic strategy was surgery for 34% and DAs for 66% of patients. Median long-term follow-up was 63 months (range, 17-238 months). Long-term control of hyperprolactinemia required DAs in 53% of patients with primary surgical therapy, versus 90% of patients with primary medical therapy (P = 0.02). Hypogonadism was controlled in 73% of patients. The prevalence of patients with pathologic bone density was 37% at last follow-up, with no differences between the 2 therapeutic cohorts (P = 0.48).

Conclusions Despite control of hyperprolactinemia and hypogonadism in most patients independent of the primary treatment modality, the prevalence of impaired bone health status remains high, and osteodensitometry should be recommended.
Additive effects of the Rho kinase inhibitor Y-27632 and vardenafil on relaxation of the corpus cavernosum tissue of patients with erectile dysfunction and clinical phosphodiesterase type 5 inhibitor failure.


BJU International. 119 (2) (pp 325-332), 2017. Date of Publication: 01 Feb 2017.

Objectives: To evaluate the expression of the Rho/Rho-associated protein kinase (ROCK) pathway in the corpus cavernosum of patients with severe erectile dysfunction (ED) compared with healthy human corpus cavernosum, and to test the functional effects of two Rho kinase inhibitors (RKIs) on erectile tissue of patients with severe ED, which did not respond to phosphodiesterase type 5 inhibitors (PDE5Is). Patients and Methods: Human corpus cavernosum samples were obtained after consent from men undergoing penile prosthesis implantation (n = 7 for organ bath experiments, n = 17 for quantitative PCR [qPCR]). Potent control subjects (n = 5) underwent penile needle biopsy. qPCR was performed for the expression of RhoA and ROCK subtypes 1 and 2. Immunohistochemistry staining against ROCK and alpha smooth muscle actin (alphaSMA) was performed on the corpus cavernosum of patients with ED. Tissue strips were precontracted with phenylephrine and incubated with 1 mum of the PDE5I vardenafil or with DMSO (control). Subsequently, increasing concentrations of the RKIs azaindole or Y-27632 were added, and relaxation of tissue was quantified. Results: The expression of ROCK1 was unchanged (P > 0.05), while ROCK2 (P < 0.05) was significantly upregulated in patients with ED compared with controls. ROCK1 and ROCK2 protein colocalized with alphaSMA, confirming the presence of this kinase in cavernous smooth muscle cells and/or myofibroblasts. After incubation with DMSO, 10 mum azaindole and 10 mum Y-27632 relaxed precontracted tissues with 49.5 +/- 7.42% (P = 0.1470 when compared with vehicle) and 85.9 +/- 10.3% (P = 0.0016 when compared with vehicle), respectively. Additive effects on relaxation of human corpus cavernosum were seen after preincubation with 1 mum vardenafil. Conclusion: The RKI Y-27632 causes a significant relaxation of corpus cavernosum in tissue strips of patients with severe ED. The additive effect of vardenafil and Y-27632 shows that a combined inhibition of Rho-kinase and phosphodiesterase type 5 could be a promising orally administered treatment for severe ED.
664.
Functional outcomes following immediate repair of penile fracture: a tertiary referral centre experience with 76 consecutive patients.


Embase
[Article In Press]
AN: 614212887

Objective: The aim of this study was to report surgical and functional outcomes in patients who underwent immediate penile fracture repair following location of the tunical tear with ultrasonography. Methods: Patients' clinical notes from September 2005 to October 2015 were reviewed. The inclusion criteria were the documented presence of an albugineal laceration at the preoperative ultrasonography and during surgical exploration. In total, 76 patients were enrolled
in the study. The aetiology, presentation, imaging results, intraoperative findings, functional outcomes and complications of surgical repair were retrospectively extrapolated from the clinical notes. Patients were questioned about their erectile and urinary function 12 months after the traumatic event. Validated questionnaires were administered to enquire about sexual and urinary function. Finally, the accuracy of the ultrasound in detecting the site of the tunical defect was evaluated. Results: The mean age was 39.5 years (range 21-72 years) and the median follow-up was 13 weeks. The aetiology of the fracture was sexual intercourse in 70 patients, the taqaandan manoeuvre in three and trauma while sleeping in three. The intraoperative findings showed a ventral and transverse tear in 93.5% of cases. Urethral injuries were evident in one-quarter of the patients. Ultrasonographic findings were confirmed intraoperatively in all patients. Worsening of the quality of erections was reported by 5% of patients, and 5.2% reported a penile curvature postoperatively. Conclusion: Penile fracture is a rare urological emergency and requires early surgical exploration and repair. Ultrasonography is a cheap and readily available investigation that allows confirmation of the diagnosis, and identification of the location of the tear and the associated urethral injury. Copyright © 2017 Acta Chirurgica Scandinavica Society

ARTICLE IN PRESS

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2017
HIV and hypogonadism: A new challenge for young-aged and middle-aged men on effective antiretroviral therapy.

Embase
AIDS. 31 (3) (pp 451-453), 2017. Date of Publication: 28 Jan 2017.
[Article]
AN: 614176501
Male hypogonadism is poorly defined in people living with HIV. Using a reliable free-testosterone assay, we examined the prevalence and risk factors of male hypogonadism among people living with HIV on effective antiretroviral therapy. Male hypogonadism was found in 12.4% of patients, twice the rate reported in the general population of the same age. Two risk thresholds, namely 5 years of antiretroviral therapy and 19% total body fat, may help to identify patients at risk. © Copyright 2017 Wolters Kluwer Health, Inc. All rights reserved.
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Gender incongruence of childhood: Clinical utility and stakeholder agreement with the World Health Organization's proposed ICD-11 criteria.


Embase


[Article]

AN: 614055513

The World Health Organization (WHO) is revising the tenth version of the International Classification of Diseases and Related Health Problems (ICD-10). This includes a reconceptualization of the definition and positioning of Gender Incongruence of Childhood (GIC). This study aimed to: 1) collect the views of transgender individuals and professionals regarding the retention of the diagnosis; 2) see if the proposed GIC criteria were acceptable to transgender individuals and health care providers; 3) compare results between two countries with two different healthcare systems to see if these differences influence opinions regarding the GIC diagnosis; and 4) determine whether healthcare providers from high-income countries feel that the proposed criteria are clinically useful and easy to use. A total of 628 participants were included in the study: 284 from the Netherlands (NL; 45.2%), 8 from Flanders (Belgium; 1.3%), and 336 (53.5%) from the United Kingdom (UK). Most participants were transgender people (or their partners/relatives; TG) (n = 522), 89 participants were healthcare providers (HCPs) and 17 were both HCP and TG individuals. Participants completed an online survey developed for this study. Overall, the majority response from transgender participants (42.9%) was that if the diagnosis would be removed from the mental health chapter it should also be removed from the ICD-11 completely, while 33.6% thought it should remain in the ICD-11. Participants were generally satisfied with other aspects of the proposed ICD-11 GIC diagnosis: most TG participants (58.4%) thought the term Gender Identity Disorder should change, and most thought Gender Incongruence was an improvement (63.0%). Furthermore, most participants (76.1%) did not consider GIC to be a psychiatric disorder and placement in a separate chapter dealing with Gender and Sexual Health (the majority response in the NL and selected by 37.5% of the TG participants overall) or as a Z-code (the majority response in the UK and selected by 26.7% of the TG participants overall) would be preferable. In the UK, the majority response (35.8%) was that narrowing the GIC diagnosis was an improvement, while the NL majority response (49.5%) was that this was not an improvement. Although generally the results from HCPs were in line with the results from TG participants some
differences were found. This study suggests that, although in an ideal world a diagnosis is not
welcomed, several participants felt the diagnosis should not be removed. This is likely due to
concerns about restricting access to reimbursed healthcare. The choice for positioning of a
diagnosis of GIC within the ICD-11 was as a separate chapter dealing with symptoms and/or
disorders regarding sexual and gender health. This was the overall first choice for NL participants
and second choice for UK participants, after the use of a Z-code. The difference reflects that in
the UK, Z-codes carry no negative implications for reimbursement of treatment costs. These
findings highlight the challenges faced by the WHO in their attempt to integrate research findings
from different countries, with different cultures and healthcare systems in their quest to create a
manual that is globally applicable. Copyright © 2017 Beek et al. This is an open access article
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Sexual function (SF) is an important component of patient-focused health related quality of life (HRQoL), but it has not been well studied in spine surgery. This study aims to assess SF after cervical spine surgery and identify predictors of SF. This single-center retrospective study evaluates SF of adults who underwent cervical spine surgery 2007-2012. Predictor variables included demographics, medical/surgical history, operative information, HRQoL measures (Neck Disability Index, SF-12), validated SF surveys [Female Sexual Function Index (FSFI) and Brief Sexual Function Inventory (BSFI) for males], and a study-specific SF questionnaire. 59 patients (31M, 28F; mean age = 56 +/- 8.4) had significantly lower SF scores compared to age-matched peers: average BSFI = 2.26 +/- 1.22 (vs. 06 +/- 0.74), average FSFI = 13.05 +/- 11.42 (<26.55 indicating sexual dysfunction). In men, lower mental SF-12 and higher NDI, back pain, and number of operated levels were associated with lower BSFI scores (all p < 0.05). In women, higher total number of medications and pain medications were associated with lower FSFI scores (both p < 0.05). 46% of patients reported difficulty performing a sexual position after surgery that they had previously enjoyed. 39% of men had difficulty on top during intercourse, and 32% of participants reported difficulty performing oral sex. 39% of patients reported worse SF, while only 5% reported an improvement in postoperative SF. Men and women who underwent cervical spine surgery had lower SF scores than age-matched peers, likely attributable to general mental health, regional neck disability, back pain, and medications. A large portion of patients reported subjectively worsened SF after surgery. Copyright © 2016 Elsevier Ltd

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Quality of life in patients with a permanent stoma after rectal cancer surgery.
Nasvall P., Dahlstrand U., Lowenmark T., Rutegard J., Gunnarsson U., Strigard K.

Embase
Quality of Life Research. 26 (1) (pp 55-64), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 611367615

Aim: Health-related quality of life (HRQoL) assessment is important in understanding the patient's perspective and for decision-making in health care. HRQoL is often impaired in patients with stoma. The aim was to evaluate HRQoL in rectal cancer patients with permanent stoma compared to patients without stoma. Methods: 711 patients operated for rectal cancer with abdomino-perineal resection or Hartman's procedure and a control group (n = 275) operated with anterior resection were eligible. Four QoL questionnaires were sent by mail. Comparisons of mean values between groups were made by Student's independent t test. Comparison was made to a Swedish background population. Results: 336 patients with a stoma and 117 without stoma replied (453/986; 46 %). A bulging or a hernia around the stoma was present in 31.5 %. Operation due to parastomal hernia had been performed in 11.7 % in the stoma group. Mental health (p = 0.007), body image (p < 0.001), and physical (p = 0.016) and emotional function (p =
0.003) were inferior in patients with stoma. Fatigue (p = 0.019) and loss of appetite (p = 0.027) were also more prominent in the stoma group. Sexual function was impaired in the non-stoma group (p = 0.034). However in the stoma group, patients with a bulge/hernia had more sexual problems (p = 0.004). Pain was associated with bulge/hernia (p < 0.001) and fear for leakage decreased QoL (p < 0.001). HRQoL was impaired compared to the Swedish background population. Conclusion: Overall HRQoL in patients operated for rectal cancer with permanent stoma was inferior compared to patients without stoma. In the stoma group, a bulge or a hernia around the stoma further impaired HRQoL. Copyright © 2016, The Author(s). Status
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669.
Low-dose-rate interstitial brachytherapy boost for the treatment of anal canal cancers.
Cordoba A., Escande A., Leroy T., Mirabel X., Coche-Dequeant B., Lartigau E.
Embase
Brachytherapy. 16 (1) (pp 230-235), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 613205986
Purpose Evaluate the efficacy and tolerance of interstitial brachytherapy (IBT) after external beam radiotherapy (EBRT) or radio chemotherapy (RCT) for the treatment of anal canal cancers (ACC).

Methods and Materials From 01, 1990 to 01, 2013, 103 patients (p) with ACC were treated with IBT after EBRT or RCT at our institution. Tumor node metastasis stage included Tis (1 p), T1 (18 p), T2 (46 p), T3 (33 p), and T4 (5 p). There was a lymph node involvement in 19 p. Ninety-nine patients presented with squamous cell carcinoma (95.5%) and seven with adenocarcinoma (4.5%). The median EBRT dose was 45 Gy (18-65 Gy). Thirty-nine patients (37.8%) received concomitant RCT. IBT was performed 0.9 months (0-4.38) after RCT or EBRT. The median IBT dose was 17.2 Gy (10-30 Gy). Results Within 4.8 years of followup, 15 p (14.6%) had an abdominoperineal amputation with definitive colostomy (11 p had locoregional failure, and 4 p had anal incontinence). Late toxicity was presented in 40 p (38.8%). Overall survival rates of 99% at 1 year, 89.4% at 3 years, and 85.7% at 5 years, and 1-year, 3-year, and 5-year local control rates of 97.9%, 95.4%, and 89.1%, respectively. The 1-year, 3-year, and 5-year colostomy-free rates were 98.9%, 94.0%, and 86.4%, respectively. No factors in the multivariate analysis were associated with the overall survival or any failure type. Conclusions IBT boost provides excellent local control with low colostomy rates and a late toxicity profile in ACC treatment. Copyright © 2016 American Brachytherapy Society

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670.
Identifying fibromyalgia subgroups using cluster analysis: Relationships with clinical variables.

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[Article]
AN: 612247454

Background: Patients with fibromyalgia (FM) exhibit significant clinical heterogeneity, in terms of physical, social and psychological functions, as well as therapeutic responses. Here, we examined FM patients in terms of pain, physical, social and psychological variables to identify clinical subgroups that may be predictive of treatment patterns. Methods: A total of 313 FM patients were interviewed using a structured questionnaire that included sociodemographic data, current or past FM symptoms and current use of relevant medications. A K-means cluster analysis was conducted using variables reflecting tender points, the Fibromyalgia Impact Questionnaire, Beck Depression Inventory, State-Trait Anxiety Inventor and Social Support Scale.

Results: Four distinct clusters were identified in these patients. Group 1 was characterized by high pain levels, severe physical and mental impairment and low social support. Group 2 had moderate pain and physical impairment, mild mental impairment and moderate social support. Group 3 had moderate pain, low physical and moderate mental impairment and low social support. Group 4 had low pain levels, nearly normal physical and mental function and high social support. Group 1 was more often a current or past smoker, more likely to have a variety of symptoms, including swelling, cognitive dysfunction, dizziness, syncope, oesophageal dysmotility, dyspepsia, irritable bladder, vulvodynia and restless leg syndrome. Conclusions: We identified four subgroups of FM patients based on pain, physical, social and psychological function. These subgroups had different clinical symptoms and medication profiles, suggesting that FM may be better managed using a more comprehensive assessment of an individual patient's symptoms.

Significance: FM patients can be clustered into four distinct subgroups based on clinically measurable variables - pain, physical involvement, psychological function and social support. These subgroups had different clinical symptoms and medication profiles. Copyright © 2016 European Pain Federation - EFIC

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Effect of Iranian crack on testosterone and gonadotropin levels in addicted men.
Ghanbarzehi A., Fanaei H., Shahraki M.K., Niafar M.B.

Embase
IJOAB Journal. 8 (1) (pp 7-10), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 613865873

Background: Substance abuse is associated with a wide range of side effects such as hormonal and reproductive disorders. Iranian Crack is a new form of narcotic substance that widely used in Iran during last decade. The aim of this study was determination of the effects of Iranian Crack on
serum testosterone and gonadotropin levels in addicted men. Methods: In this case-control study, participants were screened for eligibility, and then, serum levels of testosterone and gonadotropin (LH and FSH) hormones in 54 Iranian Crack addicts men were compared with 45 healthy subjects. Hormone levels in serum were measured by ELISA technique. Results: Results indicated that serum FSH levels in addict men was significantly lower than healthy subjects (p = 0.03). Serum LH and Testosterone levels in case group had not significant difference with control group. Conclusions: According to our results, chronic use of Iranian Crack lead to a reduction in FSH levels, and this reduction may impair the reproductive function in addicted men. Copyright © 2017, Institute of Integrative Omics and Applied Biotechnology. All rights reserved.

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Current and emerging therapies in premature ejaculation: Where we are coming from, where we are going.

Martín C., Nolen H., Podolnick J., Wang R.
Embase

Premature ejaculation is the most common form of sexual dysfunction among men. The pathophysiology of premature ejaculation appears to be multifactorial, implicating the need for multimodal therapeutic regimens to successfully treat premature ejaculation. Multiple treatment regimens have been shown to be effective in extending the time between penetration and ejaculation. These treatment modalities include everything from behavioral modifications and medications to diet alterations and major surgery. The goal of the present article was to review the commonly used treatment regimens used in the treatment of premature ejaculation, as well as to introduce and discuss the newest treatment routines under study for the treatment of premature ejaculation.

Gender as a predictor of posttraumatic stress symptoms and externalizing behavior problems in sexually abused children.

Gauthier-Duchesne A., Hebert M., Daspe M.-E.

Embase
Child Abuse and Neglect. 64 (pp 79-88), 2017. Date of Publication: 01 Feb 2017.
adults with insufficient representation of male victims to explore gender specificities. This study examined differential outcomes among boy and girl victims of sexual abuse. A predictive model of outcomes including abuse characteristics and sense of guilt as mediators was proposed. Path analysis was conducted with a sample of 447 sexually abused children (319 girls and 128 boys), aged 6-12. Being a girl was a predictor of posttraumatic stress symptoms, while being a boy was a predictor of externalizing problems. Being a boy was also associated with more severe abuse, which in turn predicted posttraumatic stress symptoms. Child's gender was not related to perpetrator's relationship to the child or sense of guilt. However, sense of guilt predicted posttraumatic stress symptoms and externalizing problems while perpetrator's relationship to the child predicted externalizing problems. Gender specificities should be further studied among sexually abused children, as boys and girls appear to manifest different outcomes. Sense of guilt should be a target in intervention for sexually abused children, as results highlight its link to heightened negative outcomes. Copyright © 2016 Elsevier Ltd

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Complications After Systematic, Random, and Image-guided Prostate Biopsy [figure presented].
Embase
European Urology. 71 (3) (pp 353-365), 2017. Date of Publication: 01 Mar 2017.
[Review]
AN: 613345386
Prostate biopsy (PB) represents the gold standard method to confirm the presence of cancer. In addition to traditional random or systematic approaches, a magnetic resonance imaging (MRI)-guided technique has been introduced recently. Objective To perform a systematic review of complications after transrectal ultrasound (TRUS)-guided, transperineal, and MRI-guided PB. Evidence acquisition We performed a systematic literature search of Web of Science, Embase, and Scopus databases up to October 2015, according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. Complications and mortality following random, systematic, and image-guided PBs were reviewed. Eighty-five references were included. Evidence synthesis The most frequent complication after PB was minor and self-limiting bleeding (hematuria and hematospermia), regardless of the biopsy approach. Occurrence of rectal bleeding was comparable for traditional TRUS-guided and image-guided PBs. Almost 25% of patients experienced lower urinary tract symptoms, but only a few had urinary retention, with higher rates after a transperineal approach. Temporary erectile dysfunction was not negligible, with a return to baseline after 1-6 mo. The incidence of infective complications is increasing, with higher rates among men with medical comorbidities and older age. Transperineal and in-bore MRI-targeted biopsy may reduce the risk of severe infectious complications. Mortality after PB is uncommon, regardless of biopsy technique. Conclusions Complications after PB are frequent but often self-limiting. The incidence of hospitalization due to severe infections is continuously increasing. The patient's general health status, risk factors, and likelihood of antimicrobial resistance should be carefully appraised before scheduling a PB. Patient summary We reviewed the variety and incidence of complications after prostate biopsy. Even if frequent, complications seldom represent a problem for the patient. The most troublesome complications are infections. To minimize this risk, the patient's medical condition should be carefully evaluated before biopsy.
Clinical course and treatment outcome of Koro: A follow up study from a Koro epidemic reported from West Bengal, India.
Dan A., Mondal T., Chakraborty K., Chaudhuri A., Biswas A.

Embase
[Article]
AN: 614046803

Background Koro, as a culture bound syndrome is predominantly reported from Asian countries. There is dearth of well-designed research focussing on course and outcome of Koro. Method In the index study, 64 consecutive consenting patients with symptoms of Koro reported in different disciplines of a tertiary care Government Hospital of West Bengal were recruited over a period of 3 months. They were treated by standard treatment protocol and followed up for next 3 months. Data was collected on clinical course and treatment outcome by a pretested semi-structured proforma, specially developed for this study. Results A typical subject was a young single male, educated up to primary standard, agricultural worker by occupation and belonged to Hindu rural joint family. Among the whole sample 23% were female. Majority were referred from either private doctors or hospitals or government hospitals and reported first at non-psychiatric OPD. Dropout and recovery rates were 28% (male 33%, female 13%) and 89% (male 89%, female 92%) respectively. 20%, 75%, 9%, 31%, 19% of patients needed indoor admission, oral anxiolytics, injectable tranquilizers, specific pharmacological and psychosocial treatment, supportive medical
treatment respectively. There was a subtle difference in course and treatment outcome noted between the genders. A new modality of psycho-sexual intervention ‘sex education in vivo’ was applied on patients of Koro with favourable result. Conclusion Female counterpart represented a significant proportion. Overall improved trend of utilizing medical care facilities was observed. But sceptical attitude towards Psychiatric treatment is prevailing. An overall good treatment outcome was noted among the Koro victims. Copyright © 2016 Elsevier B.V.

676.
Zinc Deficiency after Gastric Bypass for Morbid Obesity: a Systematic Review.
Mahawar K.K., Bhasker A.G., Bindal V., Graham Y., Dudeja U., Lakdawala M., Small P.K.
Embase
Obesity Surgery. 27 (2) (pp 522-529), 2017. Date of Publication: 01 Feb 2017.
[Review]
AN: 613425245
Up to 50% of patients have zinc deficiency before bariatric surgery. Roux-en-Y gastric bypass (RYGB) is the commonest bariatric procedure worldwide. It can further exacerbate zinc deficiency by reducing intake as well as absorption. The British Obesity and Metabolic Surgery Society, therefore, recommends that zinc level should be monitored routinely following gastric bypass. However, the American guidance does not recommend such monitoring for all RYGB patients and reserves it for patients with 'specific findings'. This review concludes that clinically relevant Zn deficiency is rare after RYGB. Routine monitoring of zinc levels is hence unnecessary for asymptomatic patients after RYGB and should be reserved for patients with skin lesions, hair loss, pica, dysgeusia, hypogonadism or erectile dysfunction in male patients, and unexplained iron deficiency anaemia. Copyright © 2016, Springer Science+Business Media New York.

677.
The clinical efficacy and safety of sildenafil in premature ejaculate: A meta-analysis.
This study aims to assess the efficacy and safety of sildenafil therapy compared with other agents in patients with premature ejaculation (PE) but without erectile dysfunction (ED). Systematically literature search was performed using PubMed, EMBASE, Medline, Science Direct/Elsevier, CNKI, and the Cochrane Library. The mean difference (MD) or relative risk (RR) and 95% confidence intervals (CI) were used to assess the efficacy and safety of sildenafil treatment compared with other agents in men with PE. 13 studies, including 506 cases and 506 controls, were identified. The results suggested that when compared with other agents, sildenafil had a better effect on intravaginal ejaculation latency time (IELT) (MD: 1.56, 95% CI: 1.23-1.90), number of coitus per week (MD: 0.78, 95% CI: 0.72-0.84) and overall coitus satisfaction rate (RR: 1.32, 95% CI: 1.17-1.48), However, a higher but acceptable rate of adverse events was found in the patients treated with sildenafil (RR: 2.13, 95% CI: 1.28-3.53). The present study shows that sildenafil was more effective in prolonging IELT, increasing the number of coitus per week and increasing the overall coitus satisfaction rate with an acceptable rate of side effects than other treatment agents. Copyright © 2017, E-Century Publishing Corporation. All rights reserved.
Risk factors for sexual dysfunction in Egyptian patients with rheumatoid arthritis and its relation to disease activity.

Gaber W., Moghazy A., Niazy M., Salem H.K.

Embase


[Article In Press]

Aim of the work: To assess risk factors for sexual dysfunction in married rheumatoid arthritis (RA) patients. Patients and methods: 216 RA (187 females and 29 males) and 187 matched healthy controls were included. Sexual function in male was assessed by modified International Index of Erectile Function Questionnaire (IIEF questionnaire) including: erectile function, sexual desire (libido), orgasmic and ejaculatory problems. For females, in addition to questions about libido, orgasmic problems, frequency of sexual intercourse and dyspareunia were considered. Disease activity scores (DAS28) and modified health assessment questionnaire (mHAQ) were calculated.

Results: The mean age of the patients was 45.2. +/- 12.1. years and disease duration was 8.2. +/- 7.6. years. All sexual dysfunction parameters were significantly higher in RA than in the controls. Patients with sexual dysfunction were older (p = 0.008), illiterate (p = 0.04), diabetics (p = 0.004), hypercholesterolemics (p = 0.002), had high ESR (45.1. +/- 21.6. mm/1st. h) (p. <. 0.001), longer MS duration (39.3. +/- 40.9. minutes) (p = 0.01), had high DAS28 (p. <. 0.001) and mHAQ (p = 0.004) and used higher doses of leflunomide (p = 0.01). Multivariate regression analysis revealed that the presence of DM (OR 5.1; 95%CI 1.3-19.4), hypertension (OR 3.5; 95%CI 1.9-6.1), hypercholesterolemia (OR 3.6; 95%CI 1.5-8.2), older age (>45. years) (OR 2.4; 95%CI 1.3-4.5) (p = 0.003), active RA patients were associated with a higher risk of sexual dysfunction (OR 2.7; 95%CI 1.09-6.5) (p = 0.03); OR increased to 5.6 (95%CI 2.7-11.8) in patients with severe disease activity. Conclusion: DM, hypertension, hypercholesterolemia, older age and high disease activity in RA increase the risk of sexual dysfunction. Copyright © 2017 Egyptian Society of Rheumatic Diseases.

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Publisher

Egyptian Society for Joint Diseases and Arthritis

Date Created
Objective To analyze the effect of an online support group (OSG) on the final treatment decision for localized prostate cancer. Methods We performed a cross-sectional descriptive study of the largest German prostate cancer OSG between July and October 2013. The online survey comprised 127 questions covering sociodemographic and disease-related information, decision-making habits, health-related quality of life, distress, depression, and anxiety. The primary outcome was to measure the effect of an OSG on the final treatment decision. Results We analyzed the completed questionnaires from 686 patients with prostate cancer, 200 (29.2%) of whom revised their initial treatment decision. After revising their decisions, these patients more frequently underwent external beam radiation therapy (44.5% vs. 36.4%, P = 0.048) and active surveillance (10.5% vs. 3.7%, P<0.001) and less frequently underwent radical prostatectomy (52.5% vs. 74.9%, P<0.001). Engaging longer in the OSG, demanding a more active role in the decision-making process, and participating in a conventional support group were independently associated with revision of the initial treatment decision. Conclusions Of all patients participating in the OSG, 29.2% revised their initial treatment decision. We estimate that this phenomenon may affect 17,000 patients with prostate cancer in the United States of America every year. This finding highlights the importance of OSGs for the health care system. The patients desired degree of involvement in decision-making should be routinely clarified to adjust counseling accordingly. Trial registration www.germanctr.de, number DRKS00005086 Copyright © 2017 Elsevier Inc.
A meta-analysis of the efficacy of venlafaxine extended release 75-225 mg/day for the treatment of major depressive disorder.

Thase M., Asami Y., Wajsbrot D., Dorries K., Boucher M., Pappadopulos E.

Embase

Current Medical Research and Opinion. 33 (2) (pp 317-326), 2017. Date of Publication: 01 Feb 2017.

[Article]

AN: 613476040

Objective: To evaluate the short-term efficacy of venlafaxine extended release (ER) 75-225 mg/day compared with placebo for treating major depressive disorder (MDD) and to examine associations between baseline characteristics and efficacy outcomes in MDD patients treated with venlafaxine ER 75-225 mg/day. Research design and methods: This meta-analysis included published and unpublished short-term, double-blind, placebo-controlled, Wyeth/Pfizer sponsored studies of venlafaxine ER at doses up to 225 mg/day in adults with MDD. Clinical trial registration: All trials were conducted before trial registration became mandatory. Main outcome measures: Change from baseline in the 17-item Hamilton Rating Scale for Depression (HAM-D17) total score was analyzed over time using a mixed-effects model for repeated measures with terms for study, treatment group, visit, interaction between treatment group and visit, and baseline score as
a covariate. Associations between baseline demographic and clinical characteristics and the probability of HAM-D17 response and remission at week 8 were evaluated using logistic regression models, with terms for study, treatment group, and baseline characteristics in the models. Safety and tolerability was assessed based on adverse events (AEs) and discontinuations due to AEs. Results: The full analysis set included 1087 patients from five studies that fulfilled selection criteria. Statistically significant separation between venlafaxine ER and placebo groups for HAM-D17 total score was seen at week 2 and all subsequent assessments (p-values <.0001). There was no significant interaction between treatment and baseline HAM-D17 total score. Probability of HAM-D17 remission at week 8 decreased with increasing baseline HAM-D17 total score (p =.0012; OR: 0.94); however, baseline HAM-D17 total score did not predict response. Discontinuations due to AEs were reported for 9.4% of venlafaxine-ER-treated patients compared with 3.6% of placebo-treated patients. Key limitations: Five studies met the criteria for inclusion. Several differences in design between included studies limited the analysis: one study did not include a week 3 assessment (the week 3 time point was therefore dropped from the analysis), one study had two venlafaxine ER dose arms, which were combined into one group for the meta-analysis, and mixed- and flexible-dose studies were pooled. Conclusions: Venlafaxine ER 75-225 mg/day effectively reduced symptoms of depression in patients with MDD overall and in patients with either lower (<23) or higher (>23) HAM-D17 total score at baseline. Copyright © 2016 Informa UK Limited, trading as Taylor & Francis Group.
Long-term outcome of multimodal therapy for giant prolactinomas.

Embase
Endocrine. 55 (1) (pp 231-238), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 612645339

Giant prolactinomas are rare tumors characterized by their large size, compressive symptoms, and extremely high prolactin secretion. The aim of this study is to describe our experience with a series of 16 giant prolactinomas cases in terms of clinical presentation, therapeutic decisions, and final outcomes. Retrospective analysis of adult patients diagnosed with giant prolactinomas at the endocrine departments of three university tertiary hospitals. We included 16 patients (43.7 % women); mean age at diagnosis: 42.1 +/- 21 years. The most frequent presentation was compressive symptoms. The delay in diagnosis was higher in women (median of 150 months vs. 12 in men; p = 0.09). The mean maximum tumor diameter at diagnosis was 56.9 +/- 15.5 mm, and mean prolactin levels were 10,995.9 +/- 12,157.8 ng/mL. Dopamine agonists were the first-line treatment in 11 patients (mean maximum dose: 3.9 +/- 3.2 mg/week). Surgery was the initial treatment in five patients and the second-line treatment in six. Radiotherapy was used in four cases. All patients but one, are still with dopamine agonists. After a mean follow-up of 9 years, prolactin normalized in 7/16 patients (43.7 %) and 13 patients (81 %) reached prolactin levels lower than twice the upper limit of normal. Mean prolactin level at last visit: 79.5 +/- 143 ng/mL. Tumor volume was decreased by 93.8 +/- 11.3 %, and final maximum tumor diameter was 18.4 +/- 18.8 mm. Three patients are actually tumor free. Giant prolactinomas are characterized by a large tumor volume and extreme prolactin hypersecretion. Multimodal treatment is frequently required to obtain biochemical and tumor control. Copyright © 2016, Springer Science+Business Media New York.

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Family and sexual life in people with epilepsy.
Mameniskiene R., Guk J., Jatuzis D.

Embase

Epilepsy and Behavior. 66 (pp 39-44), 2017. Date of Publication: 01 Jan 2017.

[Article]

AN: 613827714

Having epilepsy is much more than having seizures. Epilepsy can have a severe negative effect on quality of life, affecting social relationships, academic achievement, housing, employment, and the ability to live and function independently. We undertook a cross-sectional study in a tertiary epilepsy center in Lithuania, aiming to assess the influence of epilepsy and aspects relating to epilepsy (employment, stigma, anxiety) on patients and their families, and to estimate their quality of family life and sexual functioning. We asked patients to complete a questionnaire about their socio-demographic situation, their seizure types and antiepileptic medications, and their quality of family and sexual life. Our results confirmed that epilepsy seriously influences family life. One third of our patients are lonely and half are childless. Epilepsy leads to difficulty in finding a job, especially for men, and unemployment affects their status in the family. People with epilepsy are uncomfortable interacting with those of the opposite sex and tend to conceal their medical condition from their partner. One third have sexual dysfunction, yet only a quarter of them seek professional help. There is a clear need to improve self-confidence and to reduce social stigma in people with epilepsy, and to encourage them to discuss their problems with specialists.

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Status
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Factors predicting progression to castrate-resistant prostate cancer in patients with advanced prostate cancer receiving long-term androgen-deprivation therapy.

de la Taille A., Martinez-Pineiro L., Cabri P., Houchard A., Schalken J.

BJU International. 119 (1) (pp 74-81), 2017. Date of Publication: 01 Jan 2017.

Objectives: To assess time to progression to castrate-resistant prostate cancer (CRPC) and factors influencing longer-term outcomes in patients receiving androgen-deprivation therapy (ADT) in an extension to the Triptocare study (NCT01020448). This is pertinent as the Triptocare study did not show that urinary prostate cancer antigen-3 (PCA3) score was a reliable marker of cancer stage in advanced prostate cancer and was not useful for assessing response 6 months after initiation of ADT with triptorelin 22.5 mg. Patients and Methods: An international, multicentre, non-interventional, observational, longitudinal, prospective study involving patients from the Triptocare study. CRPC status of patients was collected for up to 3 years from ADT initiation. Patient treatment and assessments were at the investigator's discretion. Co-primary endpoints were rate of CRPC at 3 years after initiating ADT and the median time to CRPC. An exploratory endpoint was the association of Triptocare baseline variables (including TMPRSS2-ERG and PCA3 scores) and PCA3 score at Triptocare last value available with CRPC onset. Results: Of the 325 patients in the Triptocare study safety population, 180 patients were enrolled in the Triptocare LT study (102 received continuous and 78 received intermittent ADT). CRPC rates at 3
years were 24/102 (23.5%) and 6/78 (7.7%) patients in the continuous and intermittent ADT groups, respectively. The median time to CRPC was not reached for either group. PCA3 score status at baseline was the only variable associated with a higher risk of progression to CRPC in both the intermittent and continuous ADT groups; compared with a baseline PCA3 score of >35, a PCA3 score below the level of quantification had a hazard ratio (HR) of 20.04 ([95% confidence interval (CI) 2.71-148.34] and a HR of 9.44 [95% CI 2.39-37.27], respectively). Baseline metastatic disease and testosterone level were additionally associated with progression to CRPC in the continuous ADT population (HR 5.20, 95% CI 1.68-16.06 and HR 0.995, 95% CI 0.991-0.999, respectively). Conclusion: In men with locally advanced or metastatic prostate cancer, a PCA3 score of >35 at the time of initiating ADT may predict a lower risk of developing CRPC in the following 3 years. Copyright © 2016 The Authors BJU International © 2016 BJU International Published by John Wiley & Sons Ltd

684.
The prevalence of sexual dysfunction and its association with quality of life in adults with congenital heart disease.
Neiman A., Ginde S., Earing M.G., Bartz P.J., Cohen S.
Embase
Background The prevalence of sexual dysfunction (SD) and its impact on quality of life (QOL) in adults with congenital heart disease (CHD) is not well known. The aims of this study were to: determine the prevalence of SD, evaluate the risk factors associated with SD, and determine the association between SD and QOL in adults with CHD. Methods This was a cross-sectional study of adults (> 18 years) with CHD presenting for routine follow-up at our institution. Subjects completed the CDC HRQOL-14 "Health Days Measure" to assess mental and physical health, and either the Sexual Health Inventory for Men or the Female Sexual Function Index to assess sexual function. Baseline characteristics were obtained via chart review. Results 105 subjects were enrolled. The mean age was 31.9 +/- 11.7 years, 53 (51%) were men, 81% were NYHA Functional Class 1, and 76% had moderate or complex CHD. The rates of SD were 28% overall in the cohort, 30% in men and 25% in women. Men with SD were more likely to be taking spironolactone (p < 0.001) and digoxin (p = 0.002). Men with SD reported a greater number of days of poor mental health (p = 0.004), feeling anxious, worried or tense (p = 0.003), needing assistance (p = 0.042), and inhibited activity of daily living (p = 0.009). Women with SD were more likely to have atrial arrhythmias (p = 0.002) and to report fewer days feeling healthy and energetic (p = 0.031). Conclusions SD is highly prevalent and associated with several indicators of worse health-related QOL in this young and well-functioning population. Copyright © 2016 Elsevier Ireland Ltd
A study to evaluate the prevalence of hypogonadism in Indian males with Type-2 diabetes mellitus.
Embase
Indian Journal of Endocrinology and Metabolism. 21 (1) (pp 64-70), 2017. Date of Publication: January-February 2017.
[Article]
AN: 613957596
Background: A high prevalence of hypogonadism in men with Type-2 diabetes mellitus (T2DM) has been reported worldwide. Objectives: To evaluate the prevalence of hypogonadism in Indian males with T2DM and assess the primary and secondary hypogonadism along with androgen deficiency. Materials and Methods: In this cross-sectional study, 900 men with T2DM were evaluated using androgen deficiency in aging male questionnaire. They were screened for demographic characteristics, gonadal hormone levels, lipid profile, and glycosylated hemoglobin.
Results: The prevalence of hypogonadism in T2DM patients was found to be 20.7% (186 out of 900). Hypogonadism was of testicular origin (primary) in 48/186 (25.8%) patients, of pituitary or hypothalamic origin (secondary) in 14/186 (7.53%), and remaining 124/186 (66.67%) patients were found to have low testosterone with the inappropriate normal level of luteinizing hormone and Follicle-stimulating hormone. 451/900 (50.1%) patients were only symptomatic but had normal testosterone levels. Further 263 patients out 900 were asymptomatic, of which 51/900 (5.7%) patients had low levels of testosterone and 212/900 (23.5%) patients had normal testosterone level without symptoms. There were no deaths or other serious adverse events except mild pyrexia which was not related to the study. Conclusion: Hypogonadism diagnosis, at times, might not be validated with the help of androgen deficiency questionnaire or symptoms only. Given the large number of patients of T2DM in India, the incidence of hypogonadism is more in diabetic patients as compared to the general population. Hence, implementation of screening programs in diabetic patients is necessary to understand and detect individuals with low serum total testosterone at any early stage and to supplement testosterone accordingly.
Copyright © 2017 Indian Journal of Endocrinology and Metabolism.
Status
EMBASE
Institution
Prevalence of hypogonadism in male Type 2 diabetes mellitus patients with and without coronary artery disease.

Madhu S., Aslam M., Aiman A., Siddiqui A., Dwivedi S.

Embase


[Article]
Aim: The present study is carried out to investigate hypogonadism using serum testosterone levels in male Type 2 diabetes mellitus (T2DM) subjects with and without coronary artery disease (CAD). Subjects and Methods: A total of 150 age and body mass index-matched male subjects in the age group of 30-70 years were recruited in three groups; Group A-subjects with normal glucose tolerance, Group B-T2DM subjects without CAD, and Group C-T2DM subjects with CAD (n = 50 each group). Subjects with CAD were diagnosed on the basis of electrocardiogram, treadmill testing, stress echocardiography, or coronary angiography. Total testosterone (TT), free testosterone (FT), bioavailable testosterone, calculated FT and glycemic parameters were measured and compared between all the three study groups. One-way ANOVA followed by post hoc Tukey's test and Pearson's coefficient of correlation tests were used for analysis. Results: Hypogonadism (TT <3 ng/ml) was observed in 40% (20/50) of subjects in Group C and 32% (16/50) of subjects in Group B as compared to only 14% (7/50) of subjects in Group A (Groups A vs. B; P = 0.055, Groups A vs. C; P = 0.006 and Groups B vs. C; P = 0.53). Group C subjects had significantly lower levels of TT (3.55 +/- 1.46 ng/ml vs. 4.73 +/- 2.17 ng/ml, P = 0.005), calculated FT (0.062 +/- 0.0255 pg/ml vs. 0.0951 +/- 0.0508 pg/ml, P< 0.001), and bioavailable testosterone (1.48 +/- 0.65 ng/ml vs. 2.18 +/- 1.20 ng/ml, P < 0.001) compared to control Group A subjects. There was no significant difference in any of the testosterone parameters between Groups A and B. Furthermore, an overall positive correlation was found between hypogonadism and CAD (r = 0.177, P = 0.030, n = 150). Conclusion: We observed hypogonadism as indicated by low testosterone levels in a significant proportion of male T2DM subjects with CAD. Copyright © 2017 Indian Journal of Endocrinology and Metabolism.
Outcome and preferences in male-to-female subjects with gender dysphoria: Experience from Eastern India.
Majumder A., Sanyal D.
Embase
[Article]
AN: 613957509
Context: Gender dysphoria (GD) is an increasingly recognized medical condition in India, and little scientific data on treatment outcomes are available. Aims: Our objective is to study the therapeutic options including psychotherapy, hormone, and surgical treatments used for alleviating GD in male-to-female (MTF) transgender subjects in Eastern India. Subjects and Methods: This is a retrospective study of treatment preferences and outcome in 55 MTF transgender subjects who were presented to the endocrine clinic. Statistical Analysis Used: Descriptive statistical analysis is carried out in the present study, and Microsoft Word and Excel are used to generate graphs and tables. Results: The mean follow-up was 1.9 years and 14 subjects (25.5%) were lost to follow-up after a single or 2-3 contact sessions. Rest 41 subjects (74.5%) desiring treatment had regular counseling and medical monitoring. All 41 subjects were dressing to present herself as female and all of them were receiving cross-sex hormone therapy either estrogen only (68%), or drospirenone in combination with estrogen (12%) or gonadotropin-releasing hormone agonist (GnRH) in combination with estrogens (19.5%). Most of the subjects preferred estrogen therapy as it was most affordable and only a small number of subjects preferred drospirenone or GnRH agonist because of cost and availability. 23.6% subjects underwent esthetic breast augmentation surgery and 25.5% underwent orchiectomy and/or vaginoplasty. Three subjects presented with prior breast augmentation surgery and nine subjects presented with prior orchiectomy without vaginoplasty, depicting a high prevalence of poorly supervised surgeries. Conclusions: Standards of care documents provide clinical guidance for health professionals about the optimal management of transsexual people. The lack of information among health professionals about proper and protocolwise management leads to suboptimal physical, social, and sexual results. Copyright © 2017 Indian Journal of Endocrinology and Metabolism.
Fractures in spina bifida from childhood to young adulthood.
Trinh A., Wong P., Brown J., Hennel S., Ebeling P.R., Fuller P.J., Milat F.

Osteoporosis International. 28 (1) (pp 399-406), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 611842092

Summary: This study assessed the prevalence and types of fractures in spina bifida and examined risk factors for fracture. Fracture prevalence was highest in childhood and reduced in adolescence and young adulthood. The importance of maintaining mobility is highlighted by the increased risk of fracture in those who are non-ambulatory. Introduction: The aims of this study are to study the prevalence and types of fractures according to age group in spina bifida and examine risk factors associated with fracture. Methods: This is a retrospective cohort study of 146 individuals with spina bifida aged 2 years or older who attended the paediatric or adult spina bifida multidisciplinary clinic at a single tertiary hospital. Results: Median age at which first fracture occurred was 7 years (interquartile range 4-13 years). Fracture rates in children (ages 2-10), adolescents (ages 11-18) and adults (age > 18) were 10.9/1000 (95 % confidence interval 5.9-18.3), 5.4/1000 (95 % CI 1.5-13.8) and 2.9/1000 (95 % CI 0.6-8.1) patient years respectively. Childhood fractures predominantly involved the distal femur and femoral shaft; these fractures were rarely seen in adulthood. Non-ambulatory status was associated with a 9.8 times higher risk of fracture compared with ambulatory patients (odds ratio 9.8, p = 0.016, 95 % CI 1.5-63.0). Relative risk of re-fracture was 3.1 (95 % CI 1.4-6.8). Urological intervention with intestinal segments was associated with renal calculi (p = 0.037) but neither was associated with fracture.
Conclusions: The risk of fracture is lower in adults compared with children with spina bifida. The predominant childhood fracture affects the distal femur, and immobility is the most significant risk factor for fracture. Clinical factors contributing to fracture risk need to be elucidated to enable selection of patients who require investigation and treatment of osteoporosis. Copyright © 2016, International Osteoporosis Foundation and National Osteoporosis Foundation.

Do social functioning and symptoms improve with continuation antidepressant treatment of persistent depressive disorder? An observational study.

Hellerstein D.J., Hunnicutt-Ferguson K., Stewart J.W., McGrath P.J., Keller S., Peterson B.S., Chen Y.

Objective To determine efficacy of continued treatment with the serotonin norepinephrine reuptake inhibitor duloxetine on symptom reduction and functional improvement in outpatients with dysthymia. Method Fifty outpatients with DSM-IV-TR diagnosed dysthymia who had participated in a 10 week double-blind, placebo-controlled study of duloxetine received open treatment for three months. Nineteen duloxetine responders continued duloxetine, 24 patients initially treated with placebo started open duloxetine treatment, and 7 duloxetine non-responders were treated with desvenlafaxine or bupropion, selected by clinician choice. Results Patients continuing duloxetine maintained symptom improvement, 84% meeting response and 63% remission criteria at week 22. Patients initially treated with placebo showed similarly high levels of response (83%) and remission (62%) at week 22, and most duloxetine non-responders subsequently responded to other antidepressants. Duloxetine-continuation patients improved modestly between weeks 10 and 22 on measures of social and cognitive functioning and temperament. Despite this improvement concurrently across several functional domains, 66.7% of patients continuing duloxetine remained in the impaired range of functioning according to the Social Adjustment Scale (SAS). Conclusions Continued duloxetine treatment appears to be effective in maintaining symptom response in dysthymic disorder, and has positive effects on social functioning. However, the majority of patients do not show normalization of functioning, even when controlling for remission status. Additional treatments should be considered to target residual impairments in social functioning in mood remitted patients with persistent depressive disorder.
Maternal and paternal personality profiles of adolescent suicide attempters.
Bolat N., Kadak T., Eliacik K., Sargin E., Incekas S., Gunes H.

Embase
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[Article]
AN: 613834024

Personality features have been correlated with suicidal behaviors in recent decades. Given its neurobiological background, Cloninger's model of personality, the Temperament and Character Inventory (TCI), may help to identify the maternal and paternal personality dimensions associated with adolescent suicide attempts. The present study is the first that specifically compares the temperament and character profiles of both mothers and fathers of the adolescent suicide attempters with a control group, by considering the influence of demographic and clinical factors. The study group comprised 117 parents of 71 adolescent suicide attempters and 119 parents of 71 age- and gender-matched adolescents without a suicide attempt included as a control group. The TCI and Brief Symptom Inventory (BSI) were applied to the parents in both groups. Logistic regression analysis, which was performed to adjust confounding factors, demonstrated significantly higher scores for harm avoidance among the mothers and lower scores of self-directedness among the fathers of the adolescent suicide attempters. New psychotherapeutic modalities considering the high-risk parental personality traits would be beneficial to support parent-adolescent relationships and may have a preventative effect on adolescent suicide.

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Efficacy and Safety of Desmopressin Add-On Therapy for Men with Persistent Nocturia on alpha-Blocker Monotherapy for Lower Urinary Tract Symptoms: A Randomized, Double-Blind, Placebo Controlled Study.

Embase

[Article]
AN: 613976998

Purpose We investigated the efficacy and safety of desmopressin add-on therapy for men with persistent nocturia on alpha-blocker for lower urinary tract symptoms in this placebo controlled study. Materials and Methods The study included men 40 to 65 years old with lower urinary tract symptoms and persistent nocturia despite alpha-blocker therapy for at least 8 weeks. Patients were randomized to once daily placebo or desmopressin 0.2 mg for 8 weeks. The primary end point was to assess changes in the mean number of nocturia episodes from baseline to the final assessment. Other secondary end points and adverse events were evaluated. Results and Limitation A total of 86 patients were randomized to treatment, including placebo in 39 and desmopressin 0.2 mg in 47. Baseline characteristics were similar in the 2 groups. The desmopressin add-on group was significantly superior to placebo in terms of the change from baseline in the mean number of nocturia episodes (-1.13 +/- 0.92 vs -0.68 +/- 0.79, p = 0.034), the changes in nocturnal urine volume (p <0.001), total I-PSS (International Prostate Symptom Score) (p = 0.041), the nocturnal polyuria index (p = 0.001) and ICIQ-N (International Consultation on Incontinence Questionnaire-Nocturia) (p = 0.001), and the willingness to continue (p = 0.025). The incidence of adverse events in the desmopressin add-on group was similar to
that in the placebo group. Most adverse events were mild. Conclusion Desmopressin add-on therapy in men 40 to 65 years old with persistent nocturia on alpha-blocker monotherapy for lower urinary tract symptoms is effective and well tolerated. Copyright © 2017 American Urological Association Education and Research, Inc.

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692.
Updated Outcome and Analysis of Tumor Response in Mobile Spine and Sacral Chordoma Treated With Definitive High-Dose Photon/Proton Radiation Therapy.
Purpose Treatment of spine and sacral chordoma generally involves surgical resection, usually in conjunction with radiation therapy. In certain circumstances where resection may result in significant neurologic or organ dysfunction, patients can be treated definitively with radiation therapy alone. Herein, we report the outcome and the assessment of tumor response to definitive radiation therapy. Methods and Materials A retrospective analysis was performed on 40 patients with unresected chordoma treated with photon/proton radiation therapy. Nineteen patients had complete sets of imaging scans. The soft tissue and bone compartments of the tumor were defined separately. Tumor response was evaluated by the modified Response Evaluation Criteria in Solid Tumors (RECIST) and volumetric analysis. Results With a median follow-up time of 50.3 months, the rates of 5-year local control, overall survival, disease-specific survival, and distant failure were 85.4%, 81.9%, 89.4%, and 20.2%, respectively. Eighty-four computed tomographic and magnetic resonance imaging scans were reviewed. Among the 19 patients, only 4 local failures occurred, and the median tumor dose was 77.4 GyRBE. Analysis at a median follow-up time of 18 months showed significant volumetric reduction of the total target volume (TTV) and the soft tissue target volume (STTV) within the first 24 months after treatment initiation, followed by further gradual reduction throughout the rest of the follow-up period. The median maximum percentage volumetric regressions of TTV and STTV were 43.2% and 70.4%, respectively. There was only a small reduction in bone target volume over time. In comparison with the modified RECIST, volumetric analysis was more reliable, more reproducible, and could help in measuring minimal changes in the tumor volume. Conclusion These results continue to support the use of high-dose definitive radiation therapy for selected patients with unresected spine and sacral chordomas. Assessment of tumor response to radiation therapy by volumetric analysis is superior to modified RECIST in chordoma patients. Evaluating the soft tissue target volume is an excellent indicator of tumor response. Copyright © 2016 Elsevier Inc.
Salivary Testosterone during the Minipuberty of Infancy.
Contreras M., Raisingani M., Chandler D.W., Curtin W.D., Barillas J., Brar P.C., Prasad K., Shah B., David R.

Hormone Research in Paediatrics. (no pagination), 2017. Date of Publication: 10 Jan 2017.
[Article In Press]
AN: 614085360

Background: The hypothalamic-pituitary-gonadal axis is transiently activated during the postnatal months in boys, a phenomenon termed "minipuberty" of infancy, when serum testosterone (T) increases to pubertal levels. Despite high circulating T there are no signs of virilization. We hypothesize that free T as measured in saliva is low, which would explain the absence of virilization. Methods: We measured serum total T and free T in saliva using liquid chromatography-tandem mass spectrometry (LC-MS/MS) in 30 infant boys, aged 1-6 months, and in 12 adolescents, aged 11-17 years. Results: Total serum T in all infants was, as expected, high (172 +/- 78 ng/dL) while salivary T was low (7.7 +/- 4 pg/mL or 0.45 +/- 0.20%). In contrast, salivary T in the adolescents was much higher (41 +/- 18 pg/mL or 1.3 +/- 0.36%) in relation to their total serum T (323 +/- 117 ng/dL). We provide for the first time reference data for salivary T in infants. Conclusion: Measurement of salivary T by LC-MS/MS is a promising noninvasive technique to reflect free T in infants. The low free T explains the absence of virilization. The
minipuberty of infancy is more likely of intragonadal than peripheral significance. Copyright © 2017 S. Karger AG, Basel

694.
Sexuality Following Radical Prostatectomy: Is Restoration of Erectile Function Enough?.
Fode M., Serefoglu E.C., Albersen M., Sonksen J.
Embase
[Review]
AN: 613110857
Introduction Radical prostatectomies can result in urinary incontinence and sexual dysfunction. Traditionally, these issues have been studied separately, and the sexual problem that has received the most focus has been erectile dysfunction. Aim To summarize the literature on sexually related side effects and their consequences after radical prostatectomy and focus on the occurrence and management of problems beyond erectile dysfunction. Methods The literature on sexuality after radical prostatectomy was reviewed through a Medline search. Original research using quantitative and qualitative methodologies was considered. Priority was given to studies exploring aspects of sexuality other than erectile function. Main Outcome Measures The prevalence, predictive factors, and management of post-prostatectomy sexual problems beyond erectile dysfunction. Results Most patients will develop urinary incontinence in relation to sexual activity after surgery. This can present at the time of orgasm (ie, climacturia) or arise during arousal. In general, the problem subsides with time and pelvic floor training and tension penile loops can be used as treatments. Orgasmic disturbances after radical prostatectomy include altered perception of orgasm, anorgasmia, and orgasm-associated pain. The prevalence rates of these problems vary widely among studies but usually decrease with time. Phosphodiesterase
type 5 inhibitors can increase orgasmic sensation and alpha-blockers can alleviate pain. Penile shortening and de novo deformity have been described; more research on their clinical impact is needed. When evaluating any of the problems mentioned, psychological factors should be considered and the patient's partner should be involved whenever possible. Conclusion Radical prostatectomies can cause a wide range of sexual problems. Therefore, restoration of erectile function alone is not enough. On the contrary, it is crucial that clinicians focus on patients' full sexual rehabilitation. Copyright © 2016 International Society for Sexual Medicine

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695.
Self-reported sitting time and prevalence of erectile dysfunction in Japanese patients with type 2 diabetes mellitus: The Dogo Study.
Embase
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AN: 613958470
Aims No evidence exists regarding the association between sitting time and erectile dysfunction (ED) among patients with type 2 diabetes mellitus. The aim of this study was to evaluate the association between self-reported sitting time and ED among patients with type 2 diabetes mellitus. Methods Study subjects were 430 male Japanese patients with type 2 diabetes mellitus (mean age, 60.5 years). A self-administered questionnaire was used to collect information on the variables under study. The study subjects were asked about time spent sitting during typical 24-hour periods over the past 12 months. Subjects were divided into four groups according to self-reported sitting time: 1) < 5 hours, 2) 5-7 hours, 3) 7-9 hours, and 4) > 9 hours. ED was defined as present when a subject had a Sexual Health Inventory for Men score < 8. Adjustment was made for age, body mass index, duration of type 2 diabetes, current smoking, current drinking, hypertension, coronary artery disease, stroke, glycated hemoglobin, walking habit, and diabetic neuropathy. Results The prevalence values of moderate to severe ED and severe ED were 36.1% and 49.8%. At least 9 hours sitting was independently positively associated with severe ED but not moderate to severe ED; the adjusted OR was 1.84 (95% CI: 1.06-3.33). In the multivariate model, there was a statistically significant inverse exposure-response relationship between the self-reported sitting time and severe ED (p for trend = 0.029). Conclusions Self-reported sitting time may be positively associated with ED in Japanese patients with type 2 diabetes mellitus. Copyright © 2017 Elsevier Inc.
Introduction

The question of whether to initiate men on testosterone replacement therapy (TRT) and for how long remains a relevant question to be answered. Aim To determine when to start patients on TRT, determine the benefits of TRT, and whether starting patients on TRT condemns them to a lifetime of hormonal replacement. Methods A literature review of relevant publications in PubMed was used. Main Outcome Measures Main outcome measures were evidence for initiating TRT, benefits of TRT, pathophysiology of TRT, and evidence for duration of TRT. Results Although the exact threshold of serum testosterone levels that define hypogonadism is still strongly debated, the presence of symptoms associated with low levels of testosterone can be considered to help make the diagnosis. Although the proper duration of TRT has yet to be established, maintenance of symptom improvement after discontinuing TRT has been observed, which is a promising result. Studies also have shown a return to hormonal baseline after discontinuation of TRT. Conclusion It has been established that patients with testosterone deficiency benefit from TRT. Preliminary evidence seems to show that men who are initiated on TRT are not condemned to a lifetime of hormonal therapy, although many men might choose to continue treatment because of improvement in their symptoms. Copyright © 2016 International Society for Sexual Medicine

Status
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Sexual Activity After Total Hip Arthroplasty: A Systematic Review of the Outcomes.
Issa K., Pierce T.P., Brothers A., Festa A., Scillia A.J., Mont M.A.

Embase

[Review]
AN: 613290616

Background Total hip arthroplasty (THA) may have a marked positive impact on sexual activity. However, it is unclear how important regaining sexual activity is for patients undergoing THA or whether surgeons are aware of such concerns. The purpose of this systematic review was to evaluate the literature on the effect of THA on sexual activity before and after the procedure and to assess patient and surgeon perspectives. Methods A search of 4 electronic databases yielded 10 reports between 1970 and 2015. Nine evaluated the effects of THA on sexual activity in 1694 patients who had a mean age of 57 years (range 17-98 years). Two studies evaluated the perspective of 337 surgeons. Metrics evaluated included differences in patient and surgeon perspectives, improvements in sexual activity, and differences in outcomes between men and women. Results Seventy-six percent of patients identified hip arthritis as the primary cause of sexual problems with pain and stiffness being the most common complaints. Post THA, 44% of patients reported improvements in sexual satisfaction while 27% reported increased intercourse frequency. Patients returned to sexual activity at a mean 4-month post-THA. Eighty-six percent of surgeons rarely or never discuss sexual activity with their patients, and 61% believed that
patients can resume sexual activity 1-month post-THA with many agreeing that certain positions were safer. Conclusion The outcomes of this systematic review suggest that THA is associated with improved sexual activities and is an important topic for patients. However, surgeons may spend less time than is desired by the patients on this subject pre- and post-THA. Copyright © 2016 Elsevier Inc.

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698.
Diabetes and Sexuality.
Kizilay F., Gali H.E., Serefoglu E.C.
Embase
Sexual Medicine Reviews. 5 (1) (pp 45-51), 2017. Date of Publication: 01 Jan 2017.
[Review]
AN: 613348045
Introduction Deterioration in sexual functioning is one of the major and serious complications of diabetes. This common metabolic disorder not only affects sexuality through microvascular and nerve damage but also has psychological aspects. In men, the primary complications are erectile dysfunction, ejaculatory dysfunction, and loss of libido. Women similarly experience sexual problems, including decreased libido and painful intercourse. Aim To summarize the effects of diabetes on sexuality, evaluate the impact of diabetes on sexual function, and assess the conventional and novel treatment approaches based on recent studies. Methods A literature
review of peer-reviewed journal articles and guidelines was performed. Main Outcome Measures To assess the effects of diabetes on sexuality and to focus on treatment approaches. Results Male and female sexual dysfunctions are a significant complication of diabetes. Tight glycemic control seems to be beneficial in delaying the onset of sexual problems and ameliorating them when they are present. Erectile dysfunction occurs as one of the first problems. The current mainstay of treatment for erectile dysfunction is therapy with phosphodiesterase type 5 inhibitors and then a stepwise approach of management. Men also can experience ejaculation problems and loss of libido. Diabetes also can decrease testosterone levels, which further decreases libido. Hypogonadal men with diabetes might benefit from testosterone replacement therapy. Diabetic women also can have sexual problems. These problems mainly include loss of libido, decrease in arousal and lubrication resulting in painful intercourse, and loss of orgasm. All these challenges require a multidisciplinary approach. Conclusion Diabetes has detrimental effects on the sexual function of patients. Diabetologists who primarily care for the patient should not only focus on the glycemic control of their patients but also address their sexual complaints, because these problems can significantly impair their quality of life. Urologists, gynecologists, endocrinologists, and psychiatrists should work in a multidisciplinary manner for the treatment of decreased sexual functioning as a result of diabetes. Copyright © 2016 International Society for Sexual Medicine Status EMBASE Institution (Kizilay) Department of Urology, Turgutlu State Hospital, Manisa, Turkey (Gali) University of California-San Diego School of Medicine, San Diego, CA, United States (Serefoglu) Department of Urology, Bagcilar Training and Research Hospital, Istanbul, Turkey Publisher Elsevier B.V. (E-mail: customerservices@oxonblackwellpublishing.com) Date Created 20170117 Year of Publication 2017

Female sexual dysfunction in multiple sclerosis: Results of a survey among Dutch urologists and patients.
Aims: The objective of this study was to determine the prevalence of female sexual dysfunction (FSD) in patients with Multiple Sclerosis (MS) in one of the leading MS centers in the Netherlands. Furthermore, we evaluated the practice patterns of members of the Dutch Urological Association (DUA) with respect to FSD. Methods: A self-administered Web-based questionnaire for physicians was mailed to all 467 members of the DUA. The questions covered different topics in female sexuality. For the patient survey the Female Sexual Function Index (FSFI) was used. Results: The response rate of the physicians survey was 42% (n = 194). Sixty-one percent of the responders reported to ask their female patients about their sexual function. Thirty-nine percent of the physicians did not ask their patients about sexuality. The majority indicated that they lacked knowledge on FSD or found discussing sexuality not relevant for their practice. The response rate of the patient survey was 28% (n = 85). According to the FSFI questionnaire 32% of the sexually active MS patients experienced FSD. Women with FSD scored low on all subdomains of the FSFI questionnaire. In particular, desire, arousal, lubrication, and the ability to achieve orgasm were affected. Conclusions: The prevalence of FSD in MS patients in our center is about 32%. Overall, many members of the DUA do not screen for sexual dysfunction in female patients because of lack of knowledge on FSD. Better and more structured education of urologists and residents in urology on FSD in The Netherlands is urgently needed.

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Page 958
Deficiency in prohormone convertase PC1 impairs prohormone processing in Prader-Willi syndrome.


Embase

Prader-Willi syndrome (PWS) is caused by a loss of paternally expressed genes in an imprinted region of chromosome 15q. Among the canonical PWS phenotypes are hyperphagic obesity, central hypogonadism, and low growth hormone (GH). Rare microdeletions in PWS patients define a 91-kb minimum critical deletion region encompassing 3 genes, including the noncoding RNA gene SNORD116. Here, we found that protein and transcript levels of nescient helix loop helix 2 (NHLH2) and the prohormone convertase PC1 (encoded by PCSK1) were reduced in PWS patient induced pluripotent stem cell-derived (iPSC-derived) neurons. Moreover, Nhlh2 and Pcsk1 expression were reduced in hypothalami of fasted Snord116 paternal knockout (Snord116p-/m+) mice. Hypothalamic Agrp and Npy remained elevated following refeeding in association with relative hyperphagia in Snord116p-/m+ mice. Nhlh2-deficient mice display growth deficiencies as adolescents and hypogonadism, hyperphagia, and obesity as adults. Nhlh2 has also been shown to promote Pcsk1 expression. Humans and mice deficient in PC1 display hyperphagic obesity, hypogonadism, decreased GH, and hypoinsulinemic diabetes due to impaired prohormone processing. Here, we found that Snord116p-/m+ mice displayed in vivo functional defects in prohormone processing of proinsulin, pro-GH-releasing hormone, and proghrelin in association with reductions in islet, hypothalamic, and stomach PC1 content. Our findings suggest that the major neuroendocrine features of PWS are due to PC1 deficiency.
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Skin autofluorescence (a marker for advanced glycation end products) and erectile dysfunction in diabetes.
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Aim Although diabetes-related erectile dysfunction (ED) has many etiological factors, little is known about the putative pathophysiological role of advanced glycation end products (AGEs). Skin autofluorescence is a noninvasive marker of AGEs. Recent studies have evidenced a relationship between skin autofluorescence and several complications of diabetes. We hypothesized that AGES (assessed by skin autofluorescence) are associated with ED in diabetes patients. Methods Between March 2014 and April 2015, 42 patients with type 1 diabetes (T1D) and 44 patients with type 2 diabetes (T2D) were consecutively enrolled in a descriptive, cross-sectional study and compared to 54 healthy controls. ED was evaluated via the 5-item version of the International Index of Erectile Function (IIEF-5). Skin autofluorescence was measured on the volar aspect of the arm with an AGE-Reader. Results Patients with diabetes had a mean +/- standard deviation age of 50 +/- 15 and a mean duration of diabetes of 16 +/- 12 years. Skin autofluorescence was strongly and significantly correlated with the IIEF-5 score in the T1D subgroup (r = - 0.52; P = 0.004), the T2D subgroup (r = - 0.32; P < 0.03) and in the whole group of diabetic patients (r = - 0.49; P < 0.0001). In multivariate analyses that controlled for potentially confounding clinical and biochemical factors, only skin autofluorescence was still significantly correlated with the IIEF-5 score (P < 0.0001). A receiver operating characteristic analysis revealed that a skin autofluorescence value > 3.2 AU determined severe ED with a sensitivity of 60% and a specificity of 87% in diabetic patients. Conclusion Skin autofluorescence is significantly associated with ED in diabetes, independently of classical confounding factors.
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Abdomino-endoscopic perineal excision of the rectum for benign and malignant pathology: Technique considerations for true transperineal versus transanal total mesorectal excision endoscopic proctectomy.
Al Furajji H., Kennedy N., Cahill R.A.

Purpose: Transanal minimally invasive surgery using single port instrumentation is now well described for the performance of total mesorectal excision with restorative colorectal/anal anastomosis most-often in conjunction with transabdominal multiport assistance. While non-restorative abdomino-endoscopic perineal excision of the anorectum is conceptually similar, it has been less detailed in the literature. Methods: Consecutive patients undergoing non-restorative ano-proctectomy including a transperineal endoscopic component were analysed. All cases commenced laparoscopically with initial medial to lateral mobilisation of any left colon and upper rectum. The lower anorectal dissection started via an intersphincteric or extrasphincteric incision for benign and malignant pathology, respectively, and following suture closure and circumferential mobilisation of the anorectum, a single port (GelPOINT Path, Applied Medical) was positioned
allowing the procedure progress endoscopically in all quadrants up to the cephalad dissection level. Standard laparoscopic instrumentation was used. Specimens were removed perineally.

Results: Of the 13 patients (median age 55 years, median BMI 28.75 kg/m², median follow-up 17 months, 6 males), ten needed completion proctectomy for ulcerative colitis following prior total colectomy (three with concomitant parastomal hernia repair) while three required abdominoperineal resection for locally advanced rectal cancer following neoadjuvant chemoradiotherapy. Median operative time was 190 min, median post-operative discharge day was 7. Eleven specimens were of high quality. Four patients developed perineal wound complications (one chronic sinus, two abscesses needing drainage) within median 17-month follow-up. Conclusion: Convergence of transabdominal and transanal technology and technique allows accuracy in combination operative performance. Nuanced appreciation of transperineal operative access should allow specified standardisation and innovation. Copyright © 2017 Journal of Minimal Access Surgery Published by Wolters Kluwer - Medknow.
Background: While transfusion and iron chelation therapy for thalassemia major (TM) has improved dramatically in recent years, the consequences of this improvement (current rates of survival and TM-related complications) remain unknown. Methods: This nationwide population-based cohort study analyzed 2007-2011 data obtained from the Taiwanese National Health Insurance Research Database. Results: After excluding those patients receiving hematopoietic stem cell transplantation, we enrolled 454 patients with TM who received transfusion and chelation therapy (median age, 17.2 years). Among these patients, the mortality rate was 2.9% in 2007, 2.3% in 2008, 2.9% in 2009, 2.6% in 2010, and 0.7% in 2011. Heart was the most common target organ of TM-related complications. There were 80 patients (17.6%) with arrhythmia and 86 patients (18.9%) with congestive heart failure. Dysfunction of endocrine organs was common, and the most common endocrinopathy was hypogonadism (23.1%), followed by diabetes (21.2%). There were 75 patients (16.5%) with liver cirrhosis and 79 patients (17.4%) with osteoporosis. Conclusions: Adequate red blood cell transfusion and iron chelation is available to all patients with TM in Taiwan under the universal health insurance system, and has resulted in reduction of TM-related mortality to very low levels. As these patients get older, early detection of complications and adequate intervention are important to quality-of-life improvement.   Copyright © 2016 Wiley Periodicals, Inc.
704.
Low-intensity Extracorporeal Shock Wave Treatment Improves Erectile Function: A Systematic Review and Meta-analysis.
Lu Z., Lin G., Reed-Maldonado A., Wang C., Lee Y.-C., Lue T.F.
Embase
European Urology. 71 (2) (pp 223-233), 2017. Date of Publication: 01 Feb 2017.
[Review]
AN: 613855268
Context As a novel therapeutic method for erectile dysfunction (ED), low-intensity extracorporeal shock wave treatment (LI-ESWT) has been applied recently in the clinical setting. We feel that a summary of the current literature and a systematic review to evaluate the therapeutic efficacy of LI-ESWT for ED would be helpful for physicians who are interested in using this modality to treat patients with ED. Objective A systematic review of the evidence regarding LI-ESWT for patients with ED was undertaken with a meta-analysis to identify the efficacy of the treatment modality. Evidence acquisition A comprehensive search of the PubMed and Embase databases to November 2015 was performed. Studies reporting on patients with ED treated with LI-ESWT were included. The International Index of Erectile Function (IIEF) and the Erection Hardness Score (EHS) were the most commonly used tools to evaluate the therapeutic efficacy of LI-ESWT. Evidence synthesis There were 14 studies including 833 patients from 2005 to 2015. Seven studies were randomized controlled trials (RCTs); however, in these studies, the setup parameters of LI-ESWT and the protocols of treatment were variable. The meta-analysis revealed that LI-ESWT could significantly improve IIEF (mean difference: 2.00; 95% confidence interval...
therapeutic efficacy after treatment than patients with more severe ED or comorbidities. Energy flux density, number of shock waves per treatment, and duration of LI-ESWT treatment were closely related to clinical outcome, especially regarding IIEF improvement. Conclusions The number of studies of LI-ESWT for ED have increased dramatically in recent years. Most of these studies presented encouraging results, regardless of variation in LI-ESWT setup parameters or treatment protocols. These studies suggest that LI-ESWT could significantly improve the IIEF and EHS of ED patients. The publication of robust evidence from additional RCTs and longer-term follow-up would provide more confidence regarding use of LI-ESWT for ED patients. Patient summary We reviewed 14 studies of men who received low-intensity extracorporeal shock wave treatment (LI-ESWT) for erectile dysfunction (ED). There was evidence that these men experienced improvements in their ED following LI-ESWT.
Objective To assess patients’ perceived causes of prostate cancer (PCa) and relation to treatment satisfaction, an Internet-based survey study was designed. PCa is a profoundly personal disease, considering the location and common sequelae of treatment. Deeply held patient self-perceptions regarding the etiology of a patient's PCa may generate lasting beliefs that impact satisfaction with treatment selection. Materials and Methods Third-party web-based surveys were sent to patients receiving radical prostatectomy for clinically localized PCa. Patients were queried regarding demographic characteristics, family history, socioeconomic status, sexual function, urinary control, and factors believed to cause their PCa. Results Among respondents (293 of 524, 55.9%), 237 (81.5%) provided primary causes for PCa. Evidence-based answers were provided by 128 (53.5%) patients, whereas a wide range of non-evidence-based responses were provided by 49 (20.5%) patients. Forty patients (16.7%) were undecided, and 20 (8.3%) offered belief-based responses. Evidence-based responses were more common in patients with a family history of PCa (P<.01); however, no significant differences were seen among race, educational level, or income. Patients providing an evidence-based cause of PCa were more likely to be potent (P<.01). Providing a non-evidence-based cause for PCa was associated with considering surgery as a wrong decision in treatment selection. Conclusion Among men with localized PCa, there is a wide spectrum of patient beliefs regarding the etiology of their disease that may reflect background and information sources. Further research is warranted to determine whether patient counseling should incorporate these considerations. Copyright © 2016 Elsevier Inc.

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20170101
Superiority of dutasteride over finasteride in hair regrowth and reversal of miniaturization in men with androgenetic alopecia: A randomized controlled open-label, evaluator-blinded study.

Shanshanwal S., Dhurat R.

Embase


[Article]

AN: 613684139

Background: Finasteride and dutasteride are inhibitors of the enzyme 5-alpha-reductase which inhibits the conversion of testosterone to dihydrotestosterone. Dutasteride inhibits both type I and type II 5-alpha-reductase while finasteride inhibits only the type II enzyme. As both isoenzymes are present in hair follicles, it is likely that dutasteride is more effective than finasteride. Aims: To compare the efficacy, safety and tolerability of dutasteride and finasteride in men with androgenetic alopecia.

Methods: Men with androgenetic alopecia between 18 and 40 years of age were randomized to receive 0.5 mg dutasteride or 1 mg finasteride daily for 24 weeks. The primary efficacy variables were hair counts (thick and thin) in the target area from modified phototrichograms and global photography evaluation by blinded and non-blinded investigators. The secondary efficacy variable was subjective assessment using a preset questionnaire. Patients were assessed monthly for side effects. Results: Ninety men with androgenetic alopecia were recruited. The increase in total hair count per cm² representing new growth was significantly higher in dutasteride group (baseline- 223 hair; at 24 weeks- 246 hair) compared to finasteride group (baseline- 227 hair; at 24 weeks- 231 hair). The decrease in thin hair count per cm² suggestive of reversal of miniaturization was significantly higher in dutasteride group (baseline- 65 hair; at 24 weeks- 57 hair) compared to finasteride group (baseline- 67 hair; at 24 weeks- 66 hair). Both the groups showed a similar side effect profile with sexual dysfunction being the most common and reversible side effect. Limitations: Limitations include the short duration of the study (6 months), the small sample size and the fact that it was an open-label study. Conclusions: Dutasteride was shown to be more efficacious than finasteride and the side-effect profiles were comparable.
Efficacy of early administration of escitalopram on depressive and emotional symptoms and neurological dysfunction after stroke: a multicentre, double-blind, randomised, placebo-controlled study.


Embase
The Lancet Psychiatry. 4 (1) (pp 33-41), 2017. Date of Publication: 01 Jan 2017.

Article
AN: 613833743

Background Mood and emotional disturbances are common in patients with stroke, and adversely affect the clinical outcome. We aimed to evaluate the efficacy of early administration of escitalopram to reduce moderate or severe depressive symptoms and improve emotional and neurological dysfunction in patients with stroke. Methods This was a placebo controlled, double-blind trial done at 17 centres in South Korea. Patients who had had an acute stroke within the past 21 days were randomly assigned in a 1:1 ratio to receive oral escitalopram (10 mg/day) or placebo for 3 months. Randomisation was done with permuted blocks stratified by centre, via a web-based system. The primary endpoint was the frequency of moderate or severe depressive symptoms (Montgomery-Asberg Depression Rating Scale [MADRS] >16). Endpoints were
assessed at 3 months after randomisation in the full analysis set (patients who took study medication and underwent assessment of primary endpoint after randomisation), in all patients who were enrolled and randomly assigned (intention to treat), and in all patients who completed the trial (per-protocol analysis). This trial is registered with ClinicalTrials.gov, number NCT01278498. Findings Between Jan 27, 2011, and June 30, 2014, 478 patients were assigned to placebo (n=237) or escitalopram (n=241); 405 were included in the full analysis set (195 in the placebo group, 210 in the escitalopram group). The primary outcome did not differ by study group in the full analysis set (25 [13%] patients in the placebo group vs 27 [13%] in the escitalopram group; odds ratio [OR] 1.00, 95% CI 0.56-1.80; p>0.99) or in the intention-to-treat analysis (34 [14%] vs 35 [15%]; OR 1.01, 95% CI 0.61-1.69, p=0.96). The study medication was generally well tolerated; the most common adverse events were constipation (14 [6%] patients who received placebo vs 14 [6%] who received escitalopram), muscle pain (16 [7%] vs ten [4%]), and insomnia (12 [5%] vs 12 [5%]). Diarrhoea was more common in the escitalopram group (nine [4%] patients) than in the placebo group (two [1%] patients). Interpretation Escitalopram did not significantly reduce moderate or severe depressive symptoms in patients with acute stroke. Funding Dong-A Pharmaceutical and Ministry for Health, Welfare, and Family Affairs, South Korea. Copyright © 2017 Elsevier Ltd
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Late Complications and Quality of Life after Reduced-Intensity Conditioning Allogeneic Stem Cell Transplantation.


Embase Biology of Blood and Marrow Transplantation. 23 (1) (pp 140-146), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 613800607

Late complications (LC) and quality of life (QOL) were analyzed in 110 adult patients who underwent reduced-intensity conditioning (RIC) allogeneic stem cell transplantation (allo-SCT) and were alive for more than 2 years after allo-SCT. Overall survival of these patients was 93% (95% confidence interval [CI], 88% to 99%) and 81% (95% CI, 71% to 94%) at 5 and 10 years, respectively. The primary cause of death was a recurrence of primary malignancy. With a median follow-up of 4.6 years (range, 2 to 12.1), chronic graft-versus-host disease (cGVHD) was the most prevalent late effect, with a cumulative incidence of 66% (95% CI, 57% to 74%) at 10 years. Cardiovascular complications were the most prevalent LC with a cumulative incidence of 47%.
(95% CI, 35% to 59%), followed by pulmonary complications with a cumulative incidence of 33%
(95% CI, 21% to 46%) and renal impairment with a cumulative incidence of 34% (95% CI, 25% to
43%) at 10 years. Secondary malignancies occurred with a cumulative incidence of 11% (95% CI,
5% to 20%) at 10 years. In this series, 61 patients (55%) responded to QOL survey. With the use
of European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-
Core 30 and Functional Assessment of Cancer Therapy-Bone Marrow Transplant questionnaires,
most of the patients reported good to excellent QOL and patients with cGVHD had significantly
lower QOL than patients without cGVHD. In conclusion, QOL after RIC is comparable to that
seen after myeloablative conditioning, while the natural history of LC after RIC appears to be
different from that described in the standard myeloablative setting, warranting further research in
this field. Copyright © 2017 The American Society for Blood and Marrow Transplantation
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2017
We rapidly assessed the health of Ebola virus disease (EVD) survivors in Kenema, Sierra Leone, by reviewing medical charts of all patients attending the Survivor Clinic of Kenema Government Hospital. Data were abstracted on signs and symptoms at every attendance. As of November 2015, a total of 621 attendances by 115 survivors with laboratory-confirmed EVD were made to the Survivor Clinic. Most (60.9%) survivors were women. Survivors' median age was 28 years (range 0.25-70 years). Survivors attended the clinic a median of 5 times (range 1-21 times) each, and the median time from EVD discharge to attendance was 261 days (range 4-504 days). The most commonly reported signs and symptoms among the 621 attendances were headache (63.1%), fever (61.7%), and myalgia (43.3%). Because health needs of EVD survivors are complex, rapid chart reviews at survivor clinics should be repeated regularly to assess the extent of illness and prioritize service delivery. Copyright © 2017, Centers for Disease Control and Prevention (CDC). All rights reserved.
Genotype-phenotype analysis of pediatric patients with WT1 glomerulopathy.
Embase
Pediatric Nephrology. 32 (1) (pp 81-89), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 610849123
Background: WT1 is one of the genes commonly reported as mutated in children with steroid-resistant nephrotic syndrome (SRNS). We analyzed genotype-phenotype correlations in pediatric SRNS patients with WT1 mutations. Methods: From 2001 to 2015, WT1 mutations were detected in 21 out of 354 children with SRNS by genetic screening (5.9 %). The patients were grouped into missense (n = 11) and KTS splicing (n = 10) mutation groups. Results: Nine (82 %) patients with missense mutations presented with congenital/infantile nephrotic syndrome, while 8 (80 %) with KTS splicing mutations presented with childhood-onset SRNS. Progression to end-stage renal disease (ESRD) was noted in all patients with missense mutations (median age, 2.6 months; interquartile range [IQR], 0.8 months to 1.7 years) and in 5 patients with KTS splicing mutations (median, 9.3 years; IQR, 3.3-16.5 years). Disorders of sexual development (DSDs) were noted in all 12 patients with a 46, XY karyotype and in only 1 of the 8 patients with a 46, XX karyotype. One patient developed a Wilms tumor and another developed gonadoblastoma. Three patients had a diaphragmatic defect or hernia. Conclusions: WT1 mutations manifest as a wide spectrum of renal and extra-renal phenotypes. Genetic diagnosis is essential for overall management and to predict the genotype-specific risk of DSDs and the development of malignancies. Copyright © 2016, IPNA.
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Objective To determine the influence of a usual source of care (USC) on health care utilization, expenditures, and quality for Medicaid-insured children and adolescents with a serious emotional disturbance (SED). Methods Administrative claims data for 2011-2012 were extracted from the Truven Health MarketScan Multi-State Medicaid Research Database for 286,585 children and adolescents with a primary diagnosis of SED. We used propensity score-adjusted multivariate regressions to determine whether having a USC had a significant effect on utilization and expenditures for high-cost services that are considered potentially avoidable with appropriate outpatient care: physical and behavioral health inpatient admissions, emergency department (ED) visits, and hospital readmissions. Results Propensity score-adjusted regressions indicated that
children with a USC had fewer inpatient admissions related to behavioral health (adjusted odds ratio [AOR] = 0.87; 95% confidence interval [CI], 0.79-0.97) and physical health (AOR = 0.91; 95% CI, 0.89-0.93) and lower expenditures for behavioral health inpatient admissions, physical health ED visits, and readmissions. Having a USC also was associated with a higher likelihood of receiving quality health care for 4 physical health and 2 behavioral health measures. Conclusions Having a USC improved the health care of Medicaid-insured children and adolescents with an SED. However, despite having insurance, approximately one-fourth of this patient population did not appear to have a USC. This information can be used in developing programs that encourage connections with comprehensive health care that provides coordination among various providers.

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20161227
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2017

712.
Psychiatric disorders, suicidal ideation, and sexually transmitted infections among post-deployment veterans who utilize digital social media for sexual partner seeking.
Turban J.L., Potenza M.N., Hoff R.A., Martino S., Kraus S.W.
Embase
Addictive Behaviors. 66 (pp 96-100), 2017. Date of Publication: 01 Mar 2017.
[Article]
Introduction Digital social media platforms represent outlets through which individuals may find partners for sexual encounters. Using a sample of US post-deployment military veterans, the current study evaluated the prevalence of digital sex seeking as well as clinical correlates of psychopathology, suicidal ideation, and sexually transmitted infections (STIs). Methods Using data from a baseline telephone interview and follow-up internet-based survey, we examined the prevalence of sexual partnering via digital social media platforms in a national sample of 283 US combat veterans. Results Among veterans, 35.5% of men and 8.5% of women reported having used digital social media to meet someone for sex. Individuals who reported having used digital social media to find sexual partners (DSMSP+) as compared to those who did not (DSMSP-) were more likely to be young, male, and in the Marine Corps. After adjusting for sociodemographic variables, DSMSP+ status was associated with post-traumatic stress disorder (OR = 2.26, p = 0.01), insomnia (OR = 1.99, p = 0.02), depression (OR = 1.95, p = 0.03), hypersexuality (OR = 6.16, p < 0.001), suicidal ideation (OR = 3.24, p = 0.04), and treatment for an STI (OR = 1.98, p = 0.04). Conclusion Among US post-deployment military veterans, DSMSP+ behaviors were prevalent, particularly among men. The association between DSMSP+ behaviors and PTSD, insomnia, depression, hypersexuality, suicidal ideation, and STIs suggest that veterans who engage in DSMSP+ behaviors should be particularly thoroughly screened and evaluated for these psychiatric concerns and counseled on the benefits of safe sexual practices.

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20161222

Year of Publication
There is a need for interventions that comprehensively address youth substance use disorders (SUD) and sexual risk behaviors. Risk Reduction Therapy for Adolescents (RRTA) adapts a validated family-focused intervention for youth SUD to include sexual risk reduction components in a single intervention. In this first evaluation of RRTA, drug court involved youth were randomly assigned to RRTA (N = 45) or usual services (US; N = 60) and followed through 12-months post-baseline. RRTA included weekly cognitive behavior therapy and behavior management training and contingency-contracting with a point earning system managed by caregivers targeting drug use and sexual risk antecedents. Longitudinal models estimated within-group change and between-group differences through 6- and 12-month follow-up on outcomes for substance use, sexual risk behaviors, and protective HIV behaviors. Robust effects of the intervention were not detected under conditions of the study that included potent background interventions by the juvenile drug court. Considerations about future development and testing of sexual risk reduction therapy for youth are discussed, including the potential role of contingency management in future interventions. Copyright © 2016 Elsevier Inc.
An in-depth look into PTSD-depression comorbidity: A longitudinal study of chronically-exposed Detroit residents.

*Embase*
Journal of Affective Disorders. 208 (pp 653-661), 2017. Date of Publication: 15 Jan 2017.

[Article]
AN: 613583332

Background Although PTSD-major depressive disorder (MDD) co-morbidity is well-established, the vast majority of studies have examined comorbidity at the level of PTSD total severity, rather than at the level of specific PTSD symptom clusters. This study aimed to examine the long-term associations between MDD and PTSD symptom clusters (intrusion, avoidance, hyperarousal), and the moderating role of gender in these associations. Methods 942 residents of urban Detroit neighborhoods were interviewed at 3 waves, 1 year apart. At each wave, they were assessed for PTSD, depression, trauma exposure, and stressful life events. Results At all waves, hyperarousal was the PTSD cluster most strongly correlated with MDD. For the full sample, a reciprocal relationship was found between MDD and all three PTSD clusters across time. Interestingly, the relative strength of associations between MDD and specific PTSD clusters changed over time. Women showed the same bidirectional MDD-PTSD pattern as in the entire sample, while men sometimes showed non-significant associations between early MDD and subsequent PTSD clusters. Limitations First, our analyses are based on DSM-IV criteria, as this was the existing edition at the time of this study. Second, although this is a longitudinal study, inferences regarding temporal precedence of one disorder over another must be made with caution. Conclusions Early identification of either PTSD or MDD following trauma may be crucial in order to prevent the development of the other disorder over time. The PTSD cluster of hyper-arousal may require special therapeutic attention. Also, professionals are encouraged to develop more gender-specific interventions post-trauma. Copyright © 2016 Elsevier B.V.
715.
Male genital self-mutilation: a systematic review of psychiatric disorders and psychosocial factors.
Veeder T.A., Leo R.J.
Embase
General Hospital Psychiatry. 44 (pp 43-50), 2017. Date of Publication: 01 Jan 2017.
[Review]
AN: 613292395
Objective To identify psychiatric diagnoses and psychosocial factors associated with intentional male genital self-mutilation (GSM) of specific injury subtypes. Methods A search of MEDLINE, EMBASE, PsycINFO, PubMed, Web of Science and CINAHL for cases of GSM was conducted until December 2015, based on GSM and related terms. Cases were examined for injury subtype, psychiatric diagnosis and psychosocial factors. Chi-square analyses were employed to determine differences in frequency of such factors across injury subtypes. Results Data were obtained from 173 cases: genital mutilation (n=21), penile amputation (n=62), castration (n=56) and combined amputation/castration (n=34). Common psychiatric disorders included schizophrenia spectrum
(49%), substance use (18.5%), personality (15.9%) and gender dysphoric disorders (15.3%). Chi-square analyses revealed that schizophrenia spectrum disorders occurred significantly more often among auto-amputates as compared with self-castrators or mutilators. Gender dysphoria occurred significantly more often among self-castrators than auto-amputates. No significant differences emerged regarding psychosocial factors across GSM subtypes. However, associations were observed between psychosocial factors and psychiatric diagnoses. Although altogether not commonly reported, experiential factors were reported in 82% of psychotic individuals. Treatment inaccessibility was noted among 71% of gender dysphorics engaging in auto-castration. Conclusion Clinicians must consider the diverse range of psychiatric disorders and psychosocial factors underlying GSM. Copyright © 2016 Elsevier Inc.
psychiatric disorders among sexual minorities (SMs) relative to heterosexuals, and among SMs by gender. Methods Data were derived from the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions-III. Results In the general noninstitutionalized population, 1.5%, 1.3% and 0.5% of individuals self-identified as gay/lesbian, bisexual and not sure sexual orientations. Men were more likely to report gay/lesbian orientation than women (1.8% vs. 1.2%). Women were more likely than men to report bisexual (1.8% vs. 0.8%) and not sure (0.6% vs. 0.4%) sexual orientations. Sociodemographic characteristics varied across sexual orientation and gender. Relative to heterosexuals, disparities in substance use and psychiatric disorders were found across sexual orientations, especially among bisexual women. Greater rates of specific psychiatric disorders were also demonstrated by women reporting bisexual and not sure orientations relative to lesbian women, with fewer differences in rates of psychopathology among SM men. Conclusions Despite growing acceptance of SMs and SM rights over the past decade, substantial mental health disparities exist among these subgroups of the U.S. noninstitutionalized population, especially among bisexual women. More research is needed to understand these mental health disparities, while considering nuances of multiple intersecting minority identities and unique contextual factors. Findings underscore the importance of advancing future population-based research that includes detailed information on the health and well-being of SMs in the United States. Copyright © 2016 Elsevier Ireland Ltd

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2017
Vasculogenesis and Diabetic Erectile Dysfunction: How Relevant Is Glycemic Control?.

Embase
[Article]
AN: 611124132

Erectile dysfunction (ED) is a complication of diabetes, condition responsible for causing endothelial dysfunction (EDys) and hampering repair mechanisms. However, scarce information is available linking vasculogenesis mediated by Endothelial Progenitor Cells (EPCs) and diabetes--associated ED. Furthermore, it remains to be elucidated if glycemic control plays a role on EPCs functions, EPCs modulators, and penile vascular health. We evaluated the effects of diabetes and insulin therapy on bone marrow (BM) and circulating EPCs, testosterone, and systemic/penile Stromal Derived Factor-1 alpha (SDF-1alpha) expression. Male Wistar rats were divided into groups: age-matched controls, 8-weeks streptozotocin-induced type 1 diabetics, and insulin-treated 8-weeks diabetics. EPCs were identified by flow cytometry for CD34/CD133/VEGFR2/CXCR4 antigens. Systemic SDF-1alpha and testosterone levels were evaluated by ELISA. Penile SDF-1alpha protein expression was assessed, in experimental and human diabetic cavernosal samples, by immunohistochemical techniques. Diabetic animals presented a reduction of BM-derived EPCs and an increase in putative circulating endothelial cells (CECs) sloughed from vessels wall. These alterations were rescued by insulin therapy. In addition, glycemic control promoted an increase in systemic testosterone and SDF-1alpha levels, which were significantly decreased in animals with diabetes. SDF-1alpha protein expression was reduced in experimental and human cavernosal diabetic samples, an effect prevented by insulin in treated animals. Insulin administration rescued the effects of diabetes on BM function, CECs levels, testosterone, and plasmatic/penile SDF-1alpha protein expression. This emphasizes the importance of glycemic control in the prevention of diabetes-induced systemic and penile EDys, by the amelioration of endothelial damage, and increase in protective pathways. J. Cell. Biochem. 118: 82-91, 2017. © 2016 Wiley Periodicals, Inc. Copyright © 2016 Wiley Periodicals, Inc.

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A general theory of sexual differentiation.
Arnold A.P.
Embase
Journal of Neuroscience Research. 95 (1-2) (pp 291-300), 2017. Date of Publication: 01 Jan 2017.
[Review]
AN: 613128545
A general theory of mammalian sexual differentiation is proposed. All biological sex differences are the result of the inequality in effects of the sex chromosomes, which are the only factors that differ in XX vs. XY zygotes. This inequality leads to male-specific effects of the Y chromosome, including expression of the testis-determining gene Sry that causes differentiation of testes. Thus, Sry sets up lifelong sex differences in effects of gonadal hormones. Y genes also act outside of the gonads to cause male-specific effects. Differences in the number of X chromosomes between XX and XY cells cause sex differences in expression (1) of Xist, (2) of X genes that escape
inactivation, and (3) of parentally imprinted X genes. Sex differences in phenotype are ultimately the result of multiple, independent sex-biasing factors, hormonal and sex chromosomal. These factors act in parallel and in combination to induce sex differences. They also can offset each other to reduce sex differences. Other mechanisms, operating at the level of populations, cause groups of males to differ on average from groups of females. The theory frames questions for further study, and directs attention to inherent sex-biasing factors that operate in many tissues to cause sex differences, and to cause sex-biased protection from disease. © 2016 Wiley Periodicals, Inc. Copyright © 2016 Wiley Periodicals, Inc.

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719.
Endoscopic Versus Microscopic Transsphenoidal Approach for Pituitary Adenomas: Comparison of Outcomes During the Transition of Methods of a Single Surgeon.
Eseonu C.I., ReFaey K., Rincon-Torroella J., Garcia O., Wand G.S., Salvatori R., Quinones-Hinojosa A.
Embase
World Neurosurgery. 97 (pp 317-325), 2017. Date of Publication: 01 Jan 2017.
[Article]
AN: 612998848
Objective The transition from microscopic to fully endoscopic transsphenoidal surgery requires a surgeon to assess how the change in technique will affect the extent of tumor resection (EOR), outcomes, and complications. We compared a single surgeon's experience transitioning from one
technique to the other and examined the operative outcomes and EOR between microscopic versus endoscopic transsphenoidal surgery. Methods Retrospective data analysis of adult patients who were treated surgically for a pituitary adenoma between August 2005 and May 2015 by a single neurosurgeon, who was originally trained and practiced in the microscopic transsphenoidal approach. Patient demographics, perioperative conditions, tumor characteristics, operative times, volumetric EOR, postoperative outcome, and the endoscopic learning curve were evaluated. Results One hundred and nine patients underwent microscopic transsphenoidal surgery and 275 patients underwent a fully endoscopic approach. The patient characteristics were similar in the 2 groups. Operative room time was significantly shorter in the endoscopic group than in the microscopic group (180.2 vs. 215.6 minutes; P < 0.001). The endoscopic and microscopic groups had similar volumetric EOR (85.1% vs. 82.8%; P = 0.371) as well as residual tumor volume (1.06 cm³ vs. 1.15 cm³; P = 0.765). The mean length of hospital stay was 2.4 days in the endoscopic group and 3.2 days in the microscopic group (P = 0.03). Conclusions During the transition from the microscopic to the endoscopic approach, similar surgical outcomes and EOR were achieved in the 2 cohorts. In our experience, the endoscopic approach offers the advantage of shorter operative times and lengths of hospital stays after the surgeon has developed more experience with the technique. Copyright © 2016 Elsevier Inc.

Status
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Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)

Date Created
20161122

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2017

720.
Background Primary lactotroph disinhibition, or stalk effect, occurs when mechanical compression of the pituitary stalk disrupts the tonic inhibition by dopamine released by the hypothalamus. The resolution of pituitary stalk effect-related hyperprolactinemia postoperatively has not been studied in a large cohort of patients. We performed a retrospective review to investigate the time course of recovery of lactotroph disinhibition after transsphenoidal surgery. Methods Medical records were retrospectively reviewed for all patients undergoing transsphenoidal surgery with the senior author from April 2008 to November 2014. Results Of 556 pituitary adenomas, 289 (52.0%) were eliminated: 77 (13.9%) had an immunohistochemically confirmed prolactinoma, 119 (21.4%) patients had previous surgery, 93 (16.7%) had incomplete medical records, leaving 267 patients (48.0%) for final analysis. Of these patients, 72 (27.0%) had increased serum prolactin levels (>23.3 ng/mL), suggestive of pituitary stalk effect (maximum prolactin level = 148.0 ng/mL). Patients with stalk effect were more likely than those with normal serum prolactin levels to present with menstrual dysfunction (29.7% vs. 19.4%; P < 0.01) and galactorrhea (11.1% vs. 2.1%; P < 0.01). Patients with lactotroph disinhibition were more likely to harbor macroadenomas than were patients who did not show lactotroph disinhibition (81.9% vs. 70.2%; P = 0.06). Among patients with increased preoperative prolactin, 77.8% experienced normalization of serum prolactin postoperatively, galactorrhea improved in 100%, sexual dysfunction resolved in 66.6%, and menstrual dysfunction among premenopausal females normalized in 73.3% at last follow-up (mean, 5.35 years; range, 0.1-10 years). Conclusions Transsphenoidal surgery can provide durable normalization of serum prolactin levels and related symptoms caused by pituitary stalk compression-related lactotroph disinhibition.
L-Methylfolate For Bipolar I depressive episodes: An open trial proof-of-concept registry.
Nierenberg A.A., Montana R., Kinrys G., Deckersbach T., Dufour S., Baek J.H.
Embase
[Article]
AN: 612903278
Background L-methylfolate is a compelling candidate to treat bipolar I major depressive episodes. While approved as an adjunct for unipolar major depressive disorder, no studies have been done to assess the tolerability, safety, and efficacy of L-methylfolate for bipolar depression. As a first step, we developed a registry of bipolar patients treated with L-methylfolate to examine tolerability and outcomes. Methods Subjects (N=10) received treatment as usual plus daily L-methylfolate 15 mg for 6 weeks in this open-label registry. Depressive symptoms were assessed with the Montgomery Asberg Depression Rating Scale (MADRS) and manic symptoms with the Young Mania Rating Scale (YMRS). Effect size was measured with Cohen's d to provide an estimate of potential efficacy. Results The pre-treatment mean (SD) MADRS score was 23.4 (4.34); the post-treatment score was 13.9 (8.24). Cohen's d was 1.19. At post-treatment, 6/10 patients had at least 50% MADRS improvement, and 4/10 patients exhibited remission with MADRS<10. The pre-treatment YMRS score was 3.2 (3.0); the post-treatment score was 2.7 (5.2). Cohen's d was 0.17. Limitations This registry was a small open-label clinical trial for a fluctuating disorder. We cannot rule out that our results are due to regression to the mean. A controlled trial is warranted. Conclusions This first proof-of-concept open registry suggests that L-methylfolate in combination with treatment as usual has potential to treat bipolar depression.

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Knowledge about nicotine among HIV-positive smokers: Implications for tobacco regulatory science policy.

Pacek L.R., Rass O., Johnson M.W.

Addictive Behaviors. 65 (pp 81-86), 2017. Date of Publication: 01 Feb 2017.

The present paper describes the general knowledge of smoking and nicotine among a sample of current smokers living with HIV (n = 271) who were recruited via Amazon Mechanical Turk. Descriptive statistics were used to report sociodemographic and smoking characteristics, as well as knowledge about smoking and nicotine. The sample was comprised of relatively light smokers, both in terms of cigarettes per day (M = 8.1, SD = 9.7) and dependence (67.5% had low dependence according to the Heaviness of Smoking Index). The majority of participants correctly identified smoking as being a potential cause of various smoking-related conditions and correctly identified constituents in cigarette smoke. However, a majority of participants also misattributed nicotine as being a potential cause of smoking-related illness. Accurate knowledge about nicotine was low. These misperceptions are of particular concern for vulnerable populations, such as persons living with HIV, who are disproportionately burdened by the prevalence of smoking and associated morbidities and mortality. These misperceptions could have unintended consequences in the wake of a potential nicotine reduction policy, such that reduced nicotine content products are perceived as safer than normal nicotine content products currently available for sale. Additionally, incorrect knowledge about nicotine has implications for the uptake and continued use of nicotine replacement therapy. Copyright © 2016

Status
EMBASE
The effectiveness of adjuvant hyperbaric oxygen therapy in adults who underwent hypospadias surgery. <Eriskinlerde hipospadias cerrahisi sonrası uygulanan hiperbarik oksijen tedavisinin etkinliği.>

Kara O., Malkoc E., Dursun F., Mutluoglu M., Aktas Z., Memis A., Soydan H., Ates F.

Embase

[Article]

AN: 612952006

Aim: To evaluate the role of hyperbaric oxygen therapy (HBO2T) with buccal mucosal tube urethroplasty in adult patients with hypospadias. Material and Method: Sixteen adult patients with hypospadias were included in our study. Patients with a short urethra and penile curvature were treated in two stages (orthoplasty+buccal mucosal tube urethroplasty). Buccal mucosa was taken and prepared for tube urethroplasty around a 16 French (Fr) nelaton catheter and the urethral tube was introduced between the urethral meatus and glans penis. Beginning the 1st postoperative day (HBO2T) was applied for 10 sessions during weekdays in 13 patients. Results: The mean age was 21 (+/-1.23) years and mean follow-up time was 10.1 (+/-2.1) months. In the group who received HBO2T postoperatively (n=13), a two-stage (orthoplasty+buccal mucosal tube urethroplasty) procedure was performed in 6 (46%), and the mean length of graft was 5.4 (+/-1.23) cm. In this group of 13 the success rate without any additional manipulations (urethrotomy
intern, fistula repair) was 54% (7/13). After additional manipulations, complete healing was achieved in 11 out of 13 patients (84.6%). In the group who did not receive HBO2T postoperatively (n=3), a two-stage procedure was performed in 1 patient (33%), and the mean length of graft was 8 (+/-5) cm. In this group of 3, complete healing was not achieved in any of these patients as a result of the hypospadias surgery. However, after the additional manipulations, complete healing was achieved in 1 patient (33%). Discussion: Given the promising rates of surgical success, postoperative HBO2T might be considered as a supportive treatment modality for adult patients with hypospadias who undergo buccal mucosal tube urethroplasty. Randomized controlled studies are needed. Copyright © 2017, Journal of Clinical and Analytical Medicine. All rights reserved.

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20161031

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2017

Randomized, proof-of-concept trial of low dose naltrexone for patients with breakthrough symptoms of major depressive disorder on antidepressants.
Mischoulon D., Hylek L., Yeung A.S., Clain A.J., Baer L., Cusin C., Ionescu D.F., Alpert J.E., Soskin D.P., Fava M.

Embase
Journal of Affective Disorders. 208 (pp 6-14), 2017. Date of Publication: 15 Jan 2017.
[Article]
Background Given the proposed dopaminergic mechanism of low-dose naltrexone (LDN), we examined its efficacy as augmentation for depressive breakthrough on pro-dopaminergic antidepressant regimens. Methods 12 adults (67% female, mean age = 45+/12) with recurrent DSM-IV major depressive disorder (MDD) on dopaminergic antidepressant regimens (stimulants, dopamine agonists, bupropion [>300 mg/day], aripiprazole [<2.5 mg/day], or sertraline [>150 mg/day]) were randomized to naltrexone 1 mg b.i.d. (n=6) or placebo (n=6) augmentation for 3 weeks. Results All subjects completed the trial. Hamilton Depression Rating Scale (HAM-D-17) scores (primary outcome measure) decreased from 21.2+/2.0 to 11.7+/7.7 for LDN, from 23.7+/2.3 to 17.8+/5.9 for placebo (Cohen's d=0.62; p=0.3 between treatment groups). HAM-D-28 scores decreased from 26.2+/4.0 to 12.0+/9.8 for LDN, from 26.3+/2.6 to 19.8+/6.6 for placebo (d=1.15; p=0.097). Montgomery-Asberg Depression Rating Scale (MADRS-10 item) scores decreased from 30.4+/4.9 to 12.2+/8.4 for LDN, from 30.7+/4.3 to 22.8+/8.5) for placebo (d=1.45; p=0.035). MADRS-15 item scores decreased from 36.6+/6.2 to 13.2+/8.8 for LDN, from 36.7+/4.2 to 26.0+/10.0 for placebo (d=1.49; p=0.035). Clinical Global Improvement Scale-Severity (CGI-S) scores decreased from 4.3+/0.5 to 3.0+/1.1 for LDN, from 4.3+/0.5 to 4.0+/0.6 for placebo (d=1.22; p=0.064). Limitations Small study; restrictions on allowed antidepressants. Conclusion LDN augmentation showed some benefit for MDD relapse on dopaminergic agents. Confirmation in larger studies is needed. Copyright © 2016 Elsevier B.V.

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Publisher
Elsevier B.V.
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20161019
Year of Publication
2017

725.
Anxious distress predicts subsequent treatment outcome and side effects in depressed patients starting antidepressant treatment.


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[Article]
AN: 612364204

Evidence has shown that the DSM-5 anxious distress specifier captures a clinically valid construct that predicts a worse clinical course. Although of importance for treatment planning and monitoring, however, the specifier's ability to predict treatment outcome is unknown. This is the first study to examine the ability of the DSM-5 anxious distress specifier to predict treatment response and side effects in depressed patients who recently initiated antidepressant treatment.

Patients were from the Netherlands Study of Depression and Anxiety, an ongoing longitudinal cohort study. Baseline, 1-year and 2-year follow-up data were used from 149 patients (18-65 years) with current Major Depressive Disorder (MDD) who recently started adequately dosed antidepressant medication. Five self-report items were used to construct the DSM-5 anxious distress specifier. Treatment outcomes were depression severity after 1 year and 2 years, remission of MDD after 2 years and antidepressant side effects during treatment. For comparison, analyses were repeated for comorbid DSM-IV-based anxiety disorders as a predictor. In depressed patients who received antidepressant treatment, the anxious distress specifier (prevalence = 59.1%) significantly predicted higher severity (1 year: B = 1.94, P = 0.001; 2 years: B = 1.63, P = 0.001), lower remission rates (OR = 0.44, P = 0.0496) and greater frequency of side effects (>4 vs. 0: OR = 2.74, P = 0.061). In contrast, the presence of comorbid anxiety disorders did not predict these treatment outcomes. The anxious distress specifier significantly predicts poorer treatment outcomes as shown by higher depression severity, lower remission rates, and greater frequency of antidepressant side effects in patients with MDD on adequate antidepressant treatment. Therefore, this simple 5-item specifier is of potential great clinical usefulness for treatment planning and monitoring in depressed patients. Copyright © 2016 Elsevier Ltd

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726.

Clinical features and morbidities of Hb H disease in Taiwan
Lu MY, Kuo MC, Wang SC, Chen SH, Ko BS, Chang C-S, Tang J-L
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01334878  NEW

Introduction Patients with non-transfusion-dependent thalassemia experience a wide array of clinical complications despite their independence from frequent, regular red blood cell transfusions. They have the higher incidence of osteoporosis, extramedullary hematopoeisis (EMH), hypogonadism, cholelithiasis, thromboembolic disease, pulmonary hypertension, silent cerebral ischemia, and leg ulcers. Thalassemia is highly prevalent in Taiwan and Hb H disease is predominant. But limited data are available about clinical features and morbidities. Here, we studied clinical features and morbidities in Taiwanese patients with Hb H disease. Methods & Results We collected 90 patients with Hb H disease in three hospitals since 2014 Nov till 2016 July. Male to female were 43/59. The mean age was 33.1 years ( from 0.5 to 92.3 years). Two cases died of pulmonary hypertension and old age at 31 years old and 87 years old. Alfa-globin gene genotype studies were done in 44 cases. The (αα(SEA)) type of alpha(0)-thalassemia mutation was detected in all patients. Twenty- four (57.1%) cases were deletional (αα(3.7)/alpha(4.2)/unknown 19/4/1) and 20 (42.9%) were nondeletional (CS/RS 18/2) type. The mean of
Hemoglobin (Hb) and serum ferritin level were 8.7 g/dL and 730 ng/mL. We also revealed the positive correlation between age and serum ferritin level. The liver iron concentration (LIC) were 6.694 mg Fe/g dw (n=35). The Hb, ferritin and LIC level were not different between deletional and non-deletional groups. They received the transfusion management: 1 with regular transfusion 6 weeks interval, 5 with irregular transfusion 6 weeks interval, 27 with occasional transfusion and 57 without transfusion. Fifteen cases received splenectomy. There were significantly higher prevalence for transfusion frequency and splenectomy in non-deletional group. The prevalence of morbidities were 16/79 for cholelithiasis, 12/90 for thromboembolic event, 4/90 for heart failure symptoms (2 for pulmonary hypertension), 5/90 for arrhythmia, 3/90 for bone fracture, 5/20 for osteoporosis and 0 for renal stone. There were non-significantly higher prevalence for morbidities in non-deletional group. Discussion & Conclusion The study provides the clinical features and the prevalence of morbidities in Hb H disease in Taiwan. Surprisingly, the prevalence of thromboembolic event and pulmonary hypertension are overlooked in our routine Hb H disease care. We need to schedule close and careful clinical follow up of Hb H patients as they get older, they get some morbidities or they are nondeletional genotype.

Institution
M.Y. Lu
Publisher
American Society of Hematology

727.
Development of a novel patient-reported outcome measure in haematological malignancy for use in routine clinical practice: item generation
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01334912 NEW
Aims: The impact of haematological malignancies (HM) on patients' health-related quality of life (HRQoL) is still not well understood. The aim of this study was to identify HRQoL issues and
symptoms in patients with HM to be included in a new patient-reported outcome measure for use in routine clinical practice. Methods: In a multicentre observational study carried out in the UK adult patients with various HM capable of reading English and give written informed consent were recruited from five hospitals in England and Wales. This qualitative study employed semi-structured face-to-face interviews with open-ended questions related to the impact of haematological malignancy and its treatment on HRQoL and symptoms. All the interviews were audio recorded and transcribed verbatim. Content analysis was carried out using the NVivo 11 qualitative analysis software. The themes and the sub-themes generated from the transcribed interviews were discussed during a 2-day "data definition" panel meeting by 2 hematologists 1 patient research partner 1 representative of a haematology patient organisation and 3 QoL research experts to select items for inclusion in the prototype instrument. These items will be further re-grouped and refined using cognitive debriefing content validity and factor analysis.

Results: 127 (male=75; mean age = 61.6 years; SD=15.1; median age 65.4 years; and age range =18- 88 years) with mean duration of the HM of 3.7 years (SD=4.3; median=2.1 years; and range= 19 days- 23 years) were recruited into the study. Diagnoses were: Acute Myeloid Leukaemia (18); Acute Lymphoid Leukaemia (7); Chronic Myeloid Leukaemia (12); Chronic Lymphatic Leukaemia (11); Aggressive Non-Hodgkin Lymphoma (16); Indolent Non-Hodgkin Lymphoma (14); Hodgkin Lymphoma (10); Multiple Myeloma (21); Myeloproliferative Neoplasm (10); and Myelodysplastic Syndrome (8). 383 items were reported by the patients under different themes and subthemes. 117 of these items were reported by more than 5% of the patients. 149 items were selected by the data definition panel to be included in the prototype instrument. The most prevalent QoL issues important to HM patients (Figure 1) were: 'eating and drinking habits (57 patients changed eating and drinking habits; 48 reported loss of appetite; 29 stopped drinking alcohol; and 11 reported increase in appetite); impaired social life and participatory function (86); impaired physical ability or independency (71); disturbed sleep (66); impaired psychological well-being (64); impaired daily activities (61); impaired ability to go on holidays or travelling (60); impaired work life & studies (57 ); impaired sexual life (55); impaired ability to manage finances (34); recreational activities and pastime (32); and relationships (26) from high to low prevalence respectively. With respect to disease related symptoms 102 issues were identified the most prevalent being 'tiredness (65) feeling unwell (28) breathlessness (24) lack of energy (21) back pain (17) and weight loss (17)' from high to low prevalence respectively. Out of 124 treatment related symptoms identified the most prevalent were: 'tiredness (73); feeling sick (36); lack of energy (20); taste disturbance (20); breathlessness (15); and diarrhoea (15)' from high to low prevalence respectively. Conclusion: The findings of the qualitative and item generation phase clearly indicate that HMs affect patients' QoL significantly. However in the absence of a validated measure for use in routine clinical practice this is not captured in a systematic manner. Thus this highlights the need for the development and validation of a new HM-specific PRO measure for
use in such settings. Psychometric testing of the prototype instrument will be carried out to establish the measurement properties of the new HM-specific PRO measure.

Institution
P. Goswami
Publisher
American Society of Hematology

728.
A randomized clinical trial investigating treatment choice in Chinese men receiving sildenafil citrate and tadalafil for treating erectile dysfunction
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01341535  NEW
Sildenafil and tadalafil are efficacious and well tolerated in Chinese men with erectile dysfunction (ED). Recent study results indicate that men with ED in China who were naive to phosphodiesterase inhibitor type 5 (PDE5) therapy prefer tadalafil 20-mg (on-demand) versus sildenafil 100-mg (on-demand). Differences in psychosocial outcomes may help to explain treatment preference in favor of tadalafil. This open-label, randomized, crossover study compared psychosocial outcomes and drug attribute choices between tadalafil and sildenafil in Chinese men with ED naive to PDE5 inhibitor therapy. Eligible patients were randomized to sequential 20-mg tadalafil/100-mg sildenafil (n = 190) or 100-mg sildenafil/20-mg tadalafil (n = 193) for 8 weeks each and were asked which treatment they preferred to take for the 8-week extension phase. Psychosocial outcomes were assessed using the Psychological and Interpersonal Relationship Scale (PAIRS), Drug Attributes Questionnaire (DRAQ), and Sexual Life Quality Questionnaire (SLQQ). When taking tadalafil versus sildenafil, men had a higher mean endpoint score on the PAIRS Spontaneity Domain (tadalafil = 2.86 vs sildenafil = 2.72; P < 0.001), and a lower mean endpoint score on the Time Concerns Domain (tadalafil = 2.41 vs sildenafil = 2.55; P < 0.001). A numerical increase in the Sexual Self-Confidence Domain was observed when taking tadalafil versus sildenafil (tadalafil = 2.76 vs sildenafil = 2.72; P = 0.102). The most frequently chosen drug attributes explaining treatment preference were able to get an erection long after having drug, and ability to get an erection every time. SLQQ results were comparable between treatment
groups. These psychosocial outcomes may explain why more Chinese men preferred tadalafil versus sildenafil for the treatment of ED in this clinical trial. Copyright (C) 2016 AJA, SIMM & SJTU. All rights reserved.

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Safety and efficacy assessments of male enhancement drugs and nutraceuticals in Egypt
Nounou Mohamed I, Ghada E, Fatema E, Ola E, Ahmed E
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01166032
Introduction: Due to the chaos in the legislation, male enhancement nutraceuticals may be sold without any registration or evaluation. These products need to be evaluated with respect to safety and efficacy. Furthermore, cultural and social considerations in the Middle East and religiously strict cultures prevent the use of international evaluations schemes for erectile dysfunction. Aim: Evaluating the safety and efficacy parameters of generic and nutraceutical products for erectile dysfunction in the Middle East through a custom-designed, representable and simple system tailored to the regional culture. Method: 16 healthy male volunteers were enrolled into a comparative, randomized, single dose, double blind, and crossover clinical study incorporated with a tailored-designed questionnaire. Safety assessment included laboratory analysis for liver functions and measuring blood pressure. Main Outcome Measures: Subjective data regarding safety and efficacy assessed from the validated questionnaire. Blood pressure was measured. Blood samples were collected to assess the drug/adulterants concentration and liver and kidney functions. Results: All tested nutraceuticals showed undeclared sildenafil citrate in patients. Questionnaire results showed high inter-patient variability with respect to efficacy and comparable safety profile compared to Viagra. Conclusions: The validated tailored-designed questionnaire effectively assessed the efficacy and safety of male enhancement products. The Male enhance-
The Association between Phosphodiesterase Type 5 Inhibitors and Prostate Cancer: results from the REDUCE Study
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01247136

Purpose: Despite routine use of PDE-5is (phosphodiesterase type 5 inhibitors) to treat erectile dysfunction the role in prostate cancer chemoprevention remains unclear. Only few studies have explored the link between PDE-5i use and prostate cancer. We tested the association between PDE-5i and prostate cancer risk in the REDUCE (Reduction of Dutasteride of Prostate Cancer Events) trial. Materials and Methods: REDUCE was a 4-year multicenter study testing the effect of daily dutasteride on prostate cancer risk in men with prostate specific antigen 2.5 to 10.0 ng/ml and negative biopsy who underwent study mandated biopsies at 2 and 4 years. The association of PDE-5i with overall prostate cancer risk and disease grade (Gleason 2-6 and 7-10) was examined using adjusted logistic and multinomial regression analysis. Secondary analysis was performed to explore the association between PDE-5i and prostate cancer risk in North American men, given the significantly higher use of PDE-5i in these subjects. Results: PDE-5i was not associated with prostate cancer diagnosis (OR 0.90, 95% CI 0.68-1.20, p = 0.476), low grade disease (OR 0.93, 95% CI 0.67-1.27, p = 0.632) or high grade disease (OR 0.85, 95% CI 0.51-1.39, p = 0.508). An inverse trend was seen between PDE-5i and prostate cancer diagnosis in North American men but this was not statistically significant (OR 0.67, 95% CI 0.42-1.07, p = 0.091). Conclusions: PDE-5i use was not associated with decreased prostate cancer diagnoses on post-hoc analysis of REDUCE. In North American men, who had much higher baseline use of PDE-5i, this treatment was associated with an inverse trend of prostate cancer diagnosis that
Low Testosterone in Men with Cardiovascular Disease or Risk Factors: to Treat or Not To Treat?
Cassimatis DC, Crim MT, Wenger NK
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Review]
AN: CN-01247787
Current evidence supports the use of testosterone replacement in men with the clinical-biochemical syndrome of hypogonadism, defined as low testosterone serum levels and symptoms such as fatigue, exercise intolerance, erectile dysfunction, low libido, or depression. Although the evidence consistently shows that hypogonadism is associated with elevated cardiovascular risk, evidence is mixed regarding whether testosterone (T) replacement provides cardiovascular (CV) benefit or harm. For a man with symptomatic hypogonadism in the setting of CV disease, clinical heart failure, and/or traditional CV risk factors (hypertension, diabetes, and hyperlipidemia), a balanced approach would be to counsel him that overall, the evidence should not dissuade him from utilizing T replacement for non-cardiac symptom relief but that more data are needed before a definitive recommendation can be made about T replacement for CV benefit. The preponderance of available evidence, reviewed in this article, suggests that T replacement, at appropriate doses and with monitored response, is likely to be safe for men with CV disease or CV risk factors and may even reduce major adverse cardiovascular events (MACE). The 2015 American Association of Clinical Endocrinologists and American College of Endocrinology position statement supports this stance and calls for improved prospective data. There is a clear need for a large, prospective randomized trial evaluating the impact of T replacement on MACE, for men both with and without CV disease or CV risk factors. Clinicians should be aware that all approached but did not reach statistical significance. Copyright (C) 2016 American Urological Association Education and Research, Inc.
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Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)
Men who elect to take T replacement therapy require regular follow-up with the prescribing physician to include both clinical assessment and surveillance laboratory assessment of total T level, complete blood count, and prostate specific antigen. Copyright (C) 2016, Springer Science+Business Media New York.

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Publisher
Springer Healthcare

732.
Male sexual dysfunction after rectal cancer surgery: results of a randomized trial comparing mesorectal excision with and without lateral lymph node dissection for patients with lower rectal cancer: Japan Clinical Oncology Group Study JCOG0212
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01248613
Background: We conducted a randomized controlled trial (JCOG0212) to determine whether the outcome of mesorectal excision (ME) alone for rectal cancer is not inferior to that of ME with lateral lymph node dissection (LLND). The present study focused on male sexual dysfunction after surgery. Methodology: Eligibility criteria included clinical stage II/III rectal cancer, the lower margin of the lesion below the peritoneal reflection, the absence of lateral pelvic lymph node enlargement, and no preoperative radiotherapy. After confirmation of R0 resection by ME, patients were intraoperatively randomized. Questionnaires using the International Index of Erectile Function (IIEF-5) about the sexual function of men were collected before and 1 year after surgery. Sexual dysfunction incidence was defined as the ratio of patients showing sexual dysfunction after surgery relative to the number who had no erectile dysfunction before surgery. Results: Among 701 patients enrolled between June 2003 and August 2010, 472 males were included. Among them, 343 (73%) completed preoperative and postoperative questionnaires. According to the study protocol, the incidences of sexual dysfunction in patients who underwent
ME alone and ME with LLND were 68% (17/25; 95%CI, 47-85%) and 79% (23/29; 95%CI, 60-92%), respectively (p = 0.37). Incidences of sexual dysfunction in patients with no or only mild erectile dysfunction before surgery who underwent ME alone and ME with LLND were 59% (48/81) and 71% (67/95), respectively (p = 0.15). Multivariate analysis identified age as the only risk factor for sexual dysfunction after surgery (p = 0.02). Conclusions: LLND may not increase sexual dysfunction incidence after rectal cancer surgery. This incidence is associated with increased age. This trial is registered with ClinicalTrials.gov, number NCT00190541 and University Hospital Medical Information Network Clinical Trials Registry, number C000000034.

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733.
Testosterone Therapy in Patients with Treated and Untreated Prostate Cancer: impact on Oncologic Outcomes
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01249229
Purpose: Testosterone deficiency and prostate cancer have an increasing prevalence with age. However, because of the relationship between prostate cancer and androgen receptor activation, testosterone therapy among patients with known prostate cancer has been approached with caution. Materials and Methods: We identified a cohort of 82 hypogonadal men with prostate cancer who were treated with testosterone therapy. They included 50 men treated with radiation therapy, 22 treated with radical prostatectomy, 8 on active surveillance, 1 treated with cryotherapy and 1 who underwent high intensity focused ultrasound. We monitored prostate specific antigen, testosterone, hemoglobin, biochemical recurrence and prostate specific antigen velocity. Results: Median patient age was 75.5 years and median followup was 41 months. We found an increase in testosterone (p <0.001) and prostate specific antigen (p = 0.001) in the
entire cohort. Prostate specific antigen increased in patients on active surveillance. However, no patients were upgraded to higher Gleason score on subsequent biopsies and none have yet gone on to definitive treatment. We did not note any biochemical recurrence among patients treated with radical prostatectomy but 3 (6%) treated with radiation therapy experienced biochemical recurrence. It is unclear whether these cases were related to testosterone therapy or reflected the natural biology of the disease. We calculated mean prostate specific antigen velocity as 0.001, 0.12 and 1.1 μg/l per year in the radical prostatectomy, radiation therapy and active surveillance groups, respectively. Conclusions: In the absence of randomized, placebo controlled trials our study supports the hypothesis that testosterone therapy may be oncologically safe in hypogonadal men after definitive treatment or in those on active surveillance for prostate cancer. Copyright (C) 2016 American Urological Association Education and Research, Inc.

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Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)

Diabetic peripheral neuropathy and prevalence of erectile dysfunction in Japanese patients aged <65 years with type 2 diabetes mellitus: the Dogo Study

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01249376

Only limited epidemiological evidence exists regarding the relationship between diabetic neuropathy and erectile dysfunction (ED) among Japanese patients with type 2 diabetes mellitus. To investigate the relationship between diabetic neuropathy and ED among Japanese patients with type 2 diabetes mellitus, a multicenter cross-sectional study was conducted in 287 male Japanese patients with type 2 diabetes mellitus, age (19-65 years). Diabetic neuropathy was diagnosed if the patients showed two or more of the following three characteristics: neuropathic symptoms, decreased or disappeared Achilles tendon reflex and/or abnormal vibration perception. ED, moderate to severe ED, and severe ED were defined as present when a subject
had a Sexual Health Inventory for Men score <22, <12 and <8, respectively. The prevalence values of diabetic neuropathy and severe ED were 47.0 and 39.0%, respectively. Diabetic neuropathy was independently positively associated with severe ED, but not ED and moderate ED: the adjusted odds ratio was 1.90 (95% confidence interval: 1.08-3.38). No relationships were found between diabetic retinopathy or diabetic nephropathy and ED. Diabetic neuropathy is positively associated with severe erectile dysfunction among Japanese type 2 diabetes mellitus patients aged <65 years. International Journal of Impotence Research advance online publication, 27 October 2016; doi:10.1038/ijir.2016.40. Copyright (C) 2016 Macmillan Publishers Limited, part of Springer Nature.

Institution
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Publisher
Nature Publishing Group (Houndmills, Basingstoke, Hampshire RG21 6XS, United Kingdom)

735.
Adherence and acceptability of a dapivirine vaginal ring in postmenopausal US women
Van Der Straten A, Laborde N, Cheng H, Hoesley C, Salata RA, Johnson S, Nel A, Soto-Torres LE, Chen BA
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01250433
Background: Microbicide vaginal rings (VR) provide sustained release of the NNRTI dapivirine (DPV). In a Phase 2a trial, we evaluated the adherence and acceptability of DPV VRs among postmenopausal U.S. women, a population with high biological, behavioral and social risks, in which 12% of new HIV infections occur. Methods: We enrolled 96 HIV-uninfected postmenopausal women in MTN-024/IPM 03, a 2-arm, double-blinded, multi-site, randomized trial (3:1) of a monthly silicone VR containing 25 mg DPV or placebo, used continuously for 12 weeks. Adherence was assessed by case reports and computer-assisted self-interviewing (CASI) at monthly follow ups; and acceptability by CASI at the final visit, and by in-depth-interviews (IDIs) in
a random subset (n=24). Analysis was blinded and behavioral data were combined across Study Groups. Results: Mean age was 56.8 years (range 46-65); 61% had a main partner, and 66% were currently sexually active. Study retention was 97%; 73% reportedly had the ring in place during the entire 12 weeks of use; 91% never had the ring out for more than 12 hours. Ever reporting the VR out decreased from 17% (week 4) to 5% (week 12). Six women reported full expulsions and 26 partial slippage, primarily due to bowel movements; 18 reported removals due to physical discomfort, worries, or to clean the VR. Most (99%) said the VR was very easy/easy to use; 96% indicated it never interfered with daily activities, 91% very much liked/liked the VR, 83% were never worried about it, and 65% preferred VR to condoms while 24% liked both equally. Thirty six percent reported vaginal changes with the VR, including wetness (21%) or dryness (10%). Of those sexually active, 49% did not feel the VR during sex, 82% said it did not change her sexual pleasure and 10% said her pleasure increased. Only 2 disliked wearing the VR during sex because their partners had sexual dysfunctions. During IDIs, women typically said the ring was empowering, "super-easy" to use, and preferred over condoms, as VR do not break, impact male performance, or interrupt sex. Side effects like vaginal wetness were perceived as beneficial and none had complaints about the VR interfering with other postmenopausal bodily changes. A few women had challenges with VR insertions and removals and needed staff assistance, for example due to obesity. Conclusions: Participants reported high adherence, found VRs acceptable and preferred it to condoms. VR are a promising microbicide approach for HIV prevention in postmenopausal women.

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Publisher
International Antiviral Society

736.
A placebo-controlled, randomized, doubleblind, three period, three-way crossover study on the hemodynamic and pharmacokinetic interactions of bremelanotide and ethanol A placebo-controlled, randomized, doubleblind, three period, three-way crossover study on the hemodynamic and pharmacokinetic interactions of bremelanotide and ethanol Lucas J, DeRogatis LR, Jordan R

EBM Reviews - Cochrane Central Register of Controlled Trials
Objectives: Evaluate the safety and tolerability of bremelanotide when co-administered with ethanol, and the hemodynamic and pharmacokinetic (PK) interactions in healthy test subjects.

Materials and Methods: This was a placebo-controlled, randomized, double-blind, three period, three-way crossover study. Subjects meeting the inclusion/exclusion criteria were enrolled and treated at the research facility for 7 consecutive days. Randomly assigned to one of six Treatment Paths, the subjects received single doses of 20 mg bremelanotide or placebo, administered with or without 0.6 g/kg ethanol on Study Day 1, 4, and 7. Blood samples were collected for PK evaluation. The hemodynamic effect of coadministration of bremelanotide and ethanol was examined using orthostatic vital sign checks. Vital signs, self-rated sedation scores, nursing and medical observations, and spontaneous reporting by subjects provided the basis for evaluation of adverse events (AEs). A physical examination and a resting 12-lead ECG were performed at baseline and on Study Day 7. Blood and urine were obtained for clinical safety laboratory tests.

Results: A total of 24 subjects were enrolled (12 men; 12 women), of whom all completed the study. Single doses of 20 mg intranasal bremelanotide, with exposure equivalent to approximately 1 to 2 x the subcutaneous dose currently being evaluated in Phase 3, were administered with or without 0.6 g/kg ethanol, and were found to be safe and generally well tolerated. No significant drug-related hypotensive or orthostatic hypotensive effects were noted. Treatment with bremelanotide did not result in an increased frequency of treatment-emergent AEs and no subjects discontinued from the study due to AEs or serious AEs.

Conclusions: Female sexual dysfunction (FSD) is a multifactorial condition that has anatomical, physiological, medical, psychological, and social components. Bremelanotide is a synthetic peptide analog of the naturally occurring hormone alpha-melanocyte stimulating hormone (MSH) and a melanocortin agonist that is being developed for the treatment of hypoactive sexual desire disorder (HSDD). This novel mechanism of action involves activating endogenous melanocortin hormone pathways involved in the sexual desire and arousal response. This phase 1 study demonstrates that bremelanotide and ethanol can be safely co-administered and are generally well tolerated with no reports of drug-related serious AEs.
Measuring treatment satisfaction in erectile dysfunction: use of a person-item map

Bushmakin AG, Cappelleri JC, Stecher V, Lue TF

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01266606 NEW

Objectives: To enhance interpretation of the Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) questionnaire in men with ED via construction of a person-item map (PIM).

Methods: Men aged 18-65 years with documented ED received sildenafil (50 mg, 100 mg) or placebo for 8 weeks in randomized double-blind manner. Post-hoc analyses were conducted on EDITS data (11 items rating satisfaction; each score range: 0 to 4). Confirmatory factor analysis (CFA) tested the assumption of unidimensionality of EDITS. To construct the PIM, Rasch analysis was utilized. Responses to each item were dichotomized: no change/worsening (responses 0, 1, or 2) or improvement (responses 3 or 4). Results: Analyses were performed on data from 278 subjects who completed EDITS at end of double-blind treatment. CFA supported the unidimensionality assumption of EDITS. The CFI fit index was 0.93; all standardized paths were statistically significant and > 0.4. In the PIM analysis, item 4 (ease of use of treatment) was the easiest to endorse, followed by item 3 (likelihood of continuing treatment) and item 7 (confidence in ability to engage in sexual activity). The most difficult item to endorse was item 2 (degree to which treatment met expectations), followed by item 5 (satisfaction with how quickly treatment works), item 6 (satisfaction with how long treatment lasts), and item 8 (overall satisfaction of partner). Most sildenafil 100-mg subjects endorsed most items, consistent with substantial improvement. The sildenafil 50-mg group was similar, although with smaller frequencies for endorsing improvement of more difficult items. By contrast, placebo subjects endorsed mostly the easiest items, with only small number of subjects endorsing difficult items. Conclusions: EDITS is a single-factor measure of ED treatment satisfaction. A PIM is instructive for how a patient will respond, overall and by treatment, to endorsing an item on EDITS given his underlying level of treatment satisfaction.
Can we diminish chronic pain after laparoscopic inguinal hernia repair changing the mesh? Can we diminish chronic pain after laparoscopic inguinal hernia repair changing the mesh?
Langenbach MR, Sauerland S
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01266821 NEW
Objectives: Chronic pain is a complication of mesh-based inguinal hernia repair. Pain upon ejaculation, testicular touch sensitivity and dysuria are apparent. In this prospective, clinical, randomized, double-blind study we investigated three different meshes and their influence on physical function, pain, urological affections and life quality after the operation. Methods: 180 male patients with primary inguinal hernia undergoing TAPP were randomized for using a heavyweight (108 g/m^2), double-filament PP mesh (Prolene, 10, 9, 15 cm, group A, n = 60), a multifilament, heavyweight variant (116 g/ m^2) of PP mesh (Serapren, 10, 9, 15 cm, group B, n = 60), or a composite mesh (polyglactin and PP) (Vypro II, 10, 9, 15 cm, group C, n = 60). We compared in terms of complications (seromas, recurrence rate), urological affections and life quality (SF-36 Health Survey). The follow-up period was 60 months. Results: Convalescence in group A was slower than in groups B and C: mean-term values of the visual scales for pain development were significantly (p < 0.05) higher, incapacity for work was 8.2 days longer, and urological adverse effects were stronger. The mean-term development of life quality was significantly lower in group A up to 12th week postoperatively. There were no significant differences between groups B and C. Beyond the 12th post-interventional week the differences diminished. Conclusion: The composite mesh does not provide an advantage concerning physical function or pain development in comparison to the multifilament, heavy-weight, pure
polypropylene mesh. Independent which mesh was implanted still 5% of the patients were suffering from discomfort after five years.

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Publisher
Blackwell Publishing Inc.

739.
Prospective, randomised, blinded study of Prostatic Urethral Lift (PUL): four year results
Prospective, randomised, blinded study of Prostatic Urethral Lift (PUL): four year results

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Conference Abstract]
AN: CN-01266887  NEW
Introduction and Objectives: The Prostatic Urethral Lift (PUL) procedure offers rapid, durable improvement in lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia with minimal adverse effects. PUL was assessed through a large, multi-center, randomised, blinded trial with 4 year follow up. Methods: 206 men with symptomatic LUTS secondary to benign prostatic hyperplasia (BPH) were randomised to PUL (N = 140) or sham control (N = 66) at 19 centers in North America and Aus-tralia. Enrollment criteria included age > 50 years, IPSS (International Prostate Symptom Score) > 13, peak flow (Qmax) < 12 mL/s, and prostate volume 30-80 cc. With endoscopic guidance, small, permanent metallic implants were transurethrally placed into the lateral lobes of the prostate. The lobes were held in a retracted, open position which reduced urinary obstruction. Through 3 month post index procedure, patients and assessors were kept blinded to treatment arm. PUL participants were assessed through 4 years via IPSS, quality of life (QOL), BPH Impact Index (BPH II), Qmax, Sexual Health Inventory for Men (SHIM), and Male Sexual Health Questionnaire for Ejaculatory Dysfunction (MSHQ-EjD).
Results: Average IPSS reduction was 44% by 1 month and 46% at 4 years (p value < 0.0001).
Adverse events such as hematuria, dysuria, pelvic pain, urgency, and urge incontinence were typically mild and transient. There were no reported de novo, sustained erectile or ejaculatory adverse events. Sexual function assessments (SHIM, MSHQ-EjD) show stable erectile function average score and statistically improved average ejaculatory scores. For those subjects who have reached their 4 year follow up, 19 subjects have undergone repeat PUL or other procedure. Conclusions: PUL patients suffer from little morbidity and on average achieve rapid, clinically meaningful LUTS relief. This preliminary data from the largest and longest study of the PUL procedure demonstrates that relief can be sustained to 4 years. In addition, sexual function is preserved, both in terms of erection and ejaculation. Durability will be assessed through protocol driven follow up through 5 years. (Table Presented).

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Publisher
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Three year durability after crossover to the Prostatic Urethral Lift from randomised, blinded sham procedure as part of the blinded, randomised L.I.F.T. study at 19 centers and elected to enroll in this crossover study. The crossover procedure involved placement of permanent implants (UroLift System) into the prostatic lateral lobes. Patients were followed for 3 months after sham and then 2 years after crossover PUL with assessments of urinary symptom relief, quality of life, and sexual function.
of life, urinary flow rate, sexual function, and adverse events. Results: At 3 years after crossover procedure, average International Prostate Symptom Score (IPSS), quality of life (QoL), BPH Impact Index (BPHII), and peak flow rate (Qmax) improved 36%, 43%, 53%, and 52% from baseline, respectively. Each individual IPSS parameter on average improved significantly from baseline ($p < 0.01$) and remained stable throughout follow up. In contrast, symptom response in this same cohort after sham procedure indicated initial improvement at 1 month with significant decay by 3 months post-procedure. Four patients (8%) required intervention with transurethral resection of the prostate and 2 patients required additional PUL implants within the three year period. There were no reported instances of de novo, sustained erectile or ejaculatory dysfunction. Patients returned to normal activity within 7 +/- 7 days. Adverse events associated with the procedure were typically mild to moderate. Conclusions: The Prostatic Urethral Lift procedure can offer patients rapid and durable symptom relief, increased urinary flow rate and quality of life improvement. Morbidity has been shown to be low and sexual function is preserved. Patients who want symptom relief and are interested in sexual function preservation may benefit from this treatment. (Table Presented).

Institution
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Publisher
Blackwell Publishing Ltd

Assessment of the treatment efficacy of the low-energy shock wave therapy in patients with vascular erectile dysfunction

Aksonov P, Gorpynchenko I, Romaniuk M

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01266957  NEW

Objective: The study evaluated of efficacy and comparative assessment of the effect of low-energy shock wave therapy (LESWT) in 105 patients with vasculogenic erectile dysfunction (ED),
depending on the vascular ED type. The study involved 105 men with moderate to severe erectile dysfunction, who were randomized into 2 clinically comparable groups: 52 men from the first group underwent monotherapy LESWT sessions. The second group (53 men) underwent LESWT with sildenafil citrate, 50 mg every other day (8 weeks). The patients were differentiated according to the type of ED. In the first group there were 16 patients with arterial ED, 28 with venous ED, 8 had arteriovenous problems. The second group included 17 patients with arterial erectile dysfunction, 25 with venous and 11 with arteriovenous one. The efficacy evaluation was performed according to the IIEF questionnaire before treatment and in 1, 2, 6 and 12 months after treatment. Cavernous hemodynamics was studied using penile Doppler US. Methods: The treatment protocol included one LESWT session/week during 8 weeks of treatment. Acoustic waves were focused on the corpora cavernosa and on the crura penis. The intensity was 0.09 mJ/mm², a total of 5000 pulses on four segments. Results: Groups with arterial and arteriovenous ED showed the biggest changes of the IIEF and peak systolic velocity when using combination therapy. The group with arterial ED demonstrated a more noticeable treatment effect (at the end of treatment IIEF score improved by 62.58% (p=0.022), after 6 months by 38.61% (p=0.042), after 1 year by 29.96% (p=0.026), peak systolic velocity increased at the end of treatment by 103.27% (p=0.022), after 6 months by 66.35% (p=0.037)). In the monotherapy group, the changes were significant only in patients with arterial and arteriovenous ED only after 6 months of treatment. Conclusion: The results suggest that the most effective and lasting impact of LESWT on vascular ED can be observed in patients with arterial and arteriovenous ED, when used in combination with PDE-5 inhibitors. The effect on patients with venous ED is not significant.

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Publisher
Elsevier

742.

Clomiphene citrate and human chorionic gonadotropins are good alternative therapy for hypogonadal men in restoring serum testosterone and improving patient symptoms Clomiphene citrate and human chorionic gonadotropins are good alternative therapy for hypogonadal men in restoring serum testosterone and improving patient symptoms

Habous M, Mahmoud S, Abdelwahab O, Laban O, Remeah A, Williamson B, Mulhall J
Objective: Testosterone deficiency (TD) is considered by some as a health epidemic and linked to serious health comorbidities. The standard therapy for TD is testosterone supplementation therapy (TST), but alternative therapies such as clomiphene citrate (CC) and human chorionic gonadotropins (HCG) have been successfully used for decades. To compare the objective markers of therapy and patient satisfaction across several groups.

Methods: A prospective study included 324 patients diagnosed with TD. Patients were randomly enrolled into four groups: group A (n = 80) took TST as testosterone undecanoate (Nebido) 1000 mg injection; group B (n = 90) took clomiphene citrate 50 mg tablets daily; group C (n = 78) HCG 5000 international units twice weekly; group D (n = 76) combination therapy of CC and HCG. All patients had thorough physical examination, body mass index (BMI) calculated, and laboratory tests including testosterone, glycosylated hemoglobin (HbA1c) before therapy, at 1 month and at 3 months from starting therapy. Patient demographics, comorbidities and ADAM questionnaire (qADAM) scores were recorded.

Results: Mean age of the study population was 43 years. Before therapy, the mean BMI was 31.2, mean HbA1c was 6.59%, mean testosterone was 2.28 nmol/L and qADAM score was 20. Testosterone increased in all groups. Testosterone increase from 0-1 months was biggest in the Nebido group and smallest in the HCG group. Testosterone increase from 0-3 months was biggest in the HCG+Clomid combination group and smallest in HCG group. There was no statistically significant difference between groups. HbA1c reduced in all groups from 0-3 months. BMI reduced in all groups from 0-3 months. qADAM score increased in all groups from 0-1 months. The biggest increase was in the Nebido group and smallest in the HCG group. qADAM increased in all groups from 0-3 months, the biggest increase being in group D and smallest in group C.

Conclusion: Therapy with clomiphene, HCG or a combination are feasible options in hypogonadal men as alternatives to testosterone supplementation therapy. They are as effective as TST in restoring serum T and improving patient quality of life.

Institution
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Publisher
Elsevier
The effect of testosterone therapy on muscle mass, bone mass and haemoglobin in hypogonadal men with cirrhosis

Sinclair M, Gow P, Grossmann M, Hoermann R, Scodellaro T, Angus P

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01267111 NEW

Background and Aims: Low testosterone and sarcopenia are common in men with cirrhosis and both are associated with adverse outcome. The effect of testosterone therapy on body composition has not previously been investigated in this population. Methods: We conducted a 12 month double-blinded, randomised, placebo-controlled trial of intramuscular testosterone decanoate in 101 men with established cirrhosis and low serum testosterone (total testosterone <12 nmol/L or free testosterone <230 pmol/L). Total body composition was quantified using dual-energy X-ray absorptiometry. Results: Appendicular lean muscle mass was significantly higher in the active group compared to placebo at 12 months (mean adjusted difference (MAD) 1.69 kg, CI 0.40-2.97 kg, p = 0.021). Total lean mass was similarly higher in the active group (MAD 4.74 kg, CI 1.75-7.74 kg, p = 0.008). Fat mass was lower in the actively treated group (MAD-4.34 kg, CI-2.04 to -6.64 kg, p < 0.001). Bone mineral density was significantly higher at the femoral neck and total bone mass were both significantly higher in the active group (MAD in T score 0.287 points, CI 0.140-0.4340.140-0.434, p < 0.001; (MAD in bone mass 0.08 kg, CI 0.01-0.15 kg, p = 0.009). Haemoglobin was significantly higher in actively treated patients (MAD 10.2 g/L, CI 1.50-18.9 g/L, p = 0.041) and HbA1c was lower (MAD -0.35%, CI -0.05 to -0.54, p = 0.028). No serious adverse effects were reported. There were more deaths on placebo (25.5%) than active treatment (16%) but this was not significant (p = 0.352). Conclusions: Testosterone therapy in men with cirrhosis and low baseline testosterone levels safely improves muscle mass, bone mass and haemoglobin, and reduces fat mass and HbA1c. This is a promising new therapy for systemic complications of cirrhosis that targets a specific hormonal imbalance in men with cirrhosis. (Figure Presented).
Sildenafil in the Treatment of Erectile Dysfunction in Parkinson's Disease
Bernard BA, Metman LV, Levine L, Ouyang B, Leurgans S, Goetz CG
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01289269  NEW

Background: Erectile dysfunction (ED) is a common nonmotor feature in patients with Parkinson's disease (PD). Data regarding the tolerability and efficacy of anti-ED medication in the PD population are limited. The aim of this work was to assess the safety and efficacy of sildenafil in treatment of ED in men with PD. Methods: This was a double-blind, placebo-controlled, crossover study consisting of two 4-week arms separated by a 2-week washout period. Treatment sequence (placebo-sildenafil vs. sildenafil-placebo) was randomized. Sildenafil was started at 50 mg and adjusted to 25, 50, or 100 mg after 2 weeks, depending upon side effects. The Erectile Function domain of the International Index of Erectile Function (IIEF-EF; primary outcome measure) and the Parkinson's Disease Quality of Life (secondary outcome measure) were obtained at baseline and end of each treatment period. The UPDRS was obtained at each study visit. The difference between group means was tested for statistical significance using t tests. Results: Twenty men participated and completed both treatment arms of the study. There was one instance of headache as a side effect. There was a significant effect of sildenafil on sexual functioning as measured by the IIEF-EF domain (P < 0.0001; mean for sildenafil = 23.2 +/- 7.0; mean for placebo = 12.3 +/- 7.5). There were no treatment effects for quality of life (P = 0.3) or PD symptoms (P = 0.86). Conclusions: Sildenafil was safe and improved ED in this sample of men with PD. Overall, PD symptoms and quality of life were not impacted by use of sildenafil.

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Cancer-and-treatment-specific distress and its impact on posttraumatic stress in patients undergoing allogeneic hematopoietic stem cell transplantation (HSCT)


EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01289403 NEW

Background: In this prospective multicenter study, we investigated cancer-and-treatment-specific distress (CTXD) and its impact on symptoms of posttraumatic stress disorder (PTSD) in patients undergoing allogeneic hematopoietic stem cell transplantation (HSCT). Methods: Patients were consulted before (T0, N = 239), 3 (T1, N = 150), and 12 months (T2, N = 102) after HSCT.

Medical (eg, diagnosis and pretreatment) and demographic information, CTXD and PTSD (PCL-C) were assessed. Results: Random intercept models revealed that the sum score of CTXD was highest pre-HSCT (T0), decreased by T1 (gamma = -.18, 95% CI [-.26/- .09]), and by T2 (gamma = -.10, 95% CI [-.20/- .00]). Uncertainty, family strain, and health burden were rated most distressing during HSCT. Uncertainty and family strain decreased from T0 to T1 (gamma = -.30, 95% CI [-.42/- .17]; gamma = -.10, 95% CI [-.20/- .00]) and health burden from T1 to T2 (gamma = -.21, 95% CI [-.36/.05]). Women were more likely to report uncertainty (gamma = .38, 95% CI [.19/.58]), family strain (gamma = .38, 95% CI [.19/.58]), and concerns regarding appearance and sexuality (gamma = .31, 95% CI [.14/.47]) than men. Uncertainty (gamma = .18, 95% CI [.12/.24]), appearance and sexuality (gamma = .09, 95% CI [.01/.16]), and health burden (gamma = .21, 95% CI [.14/.27]) emerged as predictors of PTSD symptomatology across the 3 assessment points. Conclusions: Our data provide first evidence regarding the course of 6 dimensions of CTXD during HSCT and their impact on PTSD symptomatology. Specifically, results emphasize the major burden of uncertainty pre-HSCT and the impact of uncertainty and concerns regarding appearance and sexuality on PTSD symptomatology. Copyright (C) 2016 John Wiley & Sons, Ltd.
Ureterorenoscopy with stenting and its effect on male sexual function: a controlled randomised prospective study

Bolat MS, Akdeniz E, Asci R, Erdemir F, Cinar O, Tomak L

[Journal: Article In Press]
AN: CN-01289406 NEW

Seventy-two male patients, who were included in this study, underwent ureteroscopic stone surgery (study group). Forty-two healthy males were enrolled as control group. Changes in sexual function were evaluated using International Index of Erectile Function questionnaire in pre-operative, first and third postoperative terms. Overall satisfaction in relation to the age, operation time, presence of stents, body mass index, educational status, previous operations, International Index of Erectile Function score, International Prostate Symptom Score, Quality of Life, income status, Male Sexual Health Questionnaire, stone-free rates and Beck's depression scale were evaluated. Erectile and ejaculatory functions, quality of life and lower urinary tract symptoms were negatively affected due to ureteroscopic stone surgery, while educational status, psychogenic aspect and income status remained stable. In conclusion, ureteroscopic stone surgery with JJ catheterisation seems to have a progressively decreasing negative effect on male sexual function and whenever possible, stenting should be avoided. If JJ stenting is necessary, patients should be informed that they may experience sexual dysfunction at least for 3 months and if stenting proves necessary the indwelling should be kept as short as possible. Copyright (C) 2016 Blackwell Verlag GmbH.
Theta burst stimulation (TBS) is thought to affect reward processing mechanisms, which may increase and decrease reward sensitivity. To test the ability of TBS to modulate response to strong primary rewards, participants hypersensitive to primary rewards were recruited. Twenty men and women with at least two opposite-sex, sexual partners in the last year received two forms of TBS. Stimulations were randomized to avoid order effects and separated by 2 hours to reduce carryover. The two TBS forms have been demonstrated to inhibit (continuous) or excite (intermittent) the left dorsolateral prefrontal cortex using different pulse patterns, which links to brain areas associated with reward conditioning. After each TBS, participants completed tasks assessing their reward responsiveness to monetary and sexual rewards. Electroencephalography (EEG) was recorded. They also reported their number of orgasms in the weekend following stimulation. This signal was malleable by TBS, where excitatory TBS resulted in lower EEG alpha relative to inhibitory TBS to primary rewards. EEG responses to sexual rewards in the lab (following both forms of TBS) predicted the number of orgasms experienced over the forthcoming weekend. TBS may be useful in modifying hypersensitivity or hyposensitivity to primary rewards that predict sexual behaviors. Since TBS altered the anticipation of a sexual reward, TBS may offer a novel treatment for sexual desire problems. Copyright (C) 2016 Prause et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Publisher
Public Library of Science (E-mail: plos@plos.org)
Possible influence of vitamin D on male reproduction
Boisen IM, Bollehuus Hansen L, Mortensen LJ, Lanske B, Juul A, Blomberg Jensen M

EBM Reviews - Cochrane Central Register of Controlled Trials
Journal of steroid biochemistry and molecular biology. (no pagination). 2016 Vol.Date of
Publication: May 05, 2016.

[Journal: Article In Press]

AN: CN-01291496  NEW

Vitamin D is a versatile signaling molecule with an established role in the regulation of calcium
homeostasis and bone health. In recent years the spectrum of vitamin D target organs has
expanded and a reproductive role is supported by the presence of the vitamin D receptor (VDR)
and the vitamin D metabolizing enzymes in the gonads, reproductive tract, and human
spermatozoa. Interestingly, expression levels of VDR and the vitamin D inactivating enzyme
CYP24A1 in human spermatozoa serve as positive predictive markers of semen quality and are
higher expressed in spermatozoa from normal than infertile men. VDR mediates a non-genomic
increase in intracellular calcium concentration, sperm motility, and induces the acrosome
reaction. Furthermore, functional animal model studies have shown that vitamin D is important for
sex steroid production, estrogen signaling, and semen quality. Cross-sectional clinical studies
have supported the notion of a positive association between serum 25-hydroxyvitamin D (25-
OHD) level and semen quality in both fertile and infertile men. However, it remains to be
determined whether this association reflects a causal effect. The VDR is ubiquitously expressed
and activated vitamin D is a regulator of insulin, aromatase, and osteocalcin. Hence, it is plausible
that the influence of vitamin D on gonadal function may be mediated indirectly through other
vitamin D regulated endocrine factors. Recent studies have indicated that vitamin D
supplementation may be beneficial for couples in need of assisted reproductive techniques as
high serum vitamin D levels were found to be associated with a higher chance of achieving
pregnancy. Randomized clinical trials are needed to determine whether systemic changes in
vitamin D metabolites can influence semen quality, fertility, and sex steroid production in infertile
men. In this review known and possible future implications of vitamin D in human male
reproduction function will be discussed. Copyright (C) 2016.

Institution
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Publisher
Elsevier Ltd
Epidemiologic profile of erectile dysfunction in SLE: a multi-center study in latin american patients

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Conference Abstract]
AN: CN-01293055 NEW

Background/Purpose: Although systemic lupus erythematosus (SLE) has a higher prevalence in women, the disease usually has a more aggressive course in men. Information regarding erectile function in men with SLE is quite scant. Therefore, the aim of this study was to describe the prevalence of erectile dysfunction (ED) as well as associated demographic and clinical features in men with SLE, by means of a systematic, standardized evaluation. Methods: We performed a transversal study in five tertiary care centers in Latin America (3 in Mexico, one in El Salvador and one in Nicaragua). We included male patients older than 16 years who fulfilled >4 ACR criteria for SLE, and who had reported regular sexual activity in the previous 6 months. Patients with other rheumatic diseases (except for APS), chronic viral infections, concomitant diagnosis of benign prostate hyperplasia, and late-onset SLE (>50 years of age) were excluded. All patients answered the self-administered International Index of Erectile Function-5 Questionnaire (IIEF-5), which has been validated in Spanish. Other relevant demographic, clinical and serological characteristics were documented from the clinical records. Results: We included 118 subjects. The prevalence of ED in our study population was 67.7% (80/118), the majority were classified as mild to moderate (17.5+-3.8 points; normal score: 22-25 points). The mean age of patients with ED was 35.6+-11, while in patients without ED it was 32.3+-9 (p=0.11). There were no significant differences in most of the demographic and clinical variables between both groups, either (Table 1). There was a trend regarding current prednisone intake in patients with ED (67 vs 48%, p=0.066). Furthermore, patients with ED had a higher MMF dose (1461+-989 vs 860+-1011 mg p=0.036) and a lower lymphocyte count (1398+-634 vs 1717+-814 cells/mul, p=0.022) than controls. Complement levels, anti-dsDNA antibodies and serum creatinine did not differ.
between groups. Also, both SLEDAI (p=0.16) and SLICC (p=0.13) scores were similar between groups. Conclusion: Regardless of acute disease activity, accrual damage, type of previous SLE activity and comorbidities, men with SLE have a high prevalence of ED, considering most are young patients. Interestingly, prednisone dose was not associated with this condition, and the only difference in immunosuppressive drugs between groups was a higher dose of MMF in the patients with ED. Besides, lymphopenia could play a physiopathogenic role, associated with microvascular damage. The high prevalence of ED could potentially be associated to diminished quality of life, which must be addressed by prospective studies. (Table Presented).

Institution
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Publisher
John Wiley and Sons Inc.

4 year results of the randomized, controlled, blinded, multi-center study for the prostatic urethral lift: the L.I.F.T. study
Rane A, McNicholas T, Woo H, Roehrborn C

EBM Reviews - Cochrane Central Register of Controlled Trials

Introduction & Objective: The Prostatic Urethral Lift (PUL) is a mechanical approach to treating lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH). It has (Table presented) been shown to offer rapid, durable improvement in symptoms with minimal adverse effects. We present the 4 year results of the multi-center, randomized, blinded L.I.F.T. trial in the context of the other large published studies on the UroLift procedure. Materials and Methods: In the L.I.F.T. trial, 206 men > age of 50 were randomized to PUL (N= 140) or sham control (N= 66) at 19 centers in North America and Australia. Enrollment criteria included IPSS (International Prostate Symptom Score) >13, peak flow (Qmax) <12ml/s, and prostate volume 30-80 cc. Both control (sham) and active arm patients underwent rigid cystoscopy. PUL subjects received implants which were transurethrally placed into the lateral lobes of the prostate. Through 3
months post procedure, patients and assessors were kept blinded to study arm. PUL participants were assessed through 4 years via IPSS, quality of life (QOL), BPH Impact Index (BPH II), Qmax, and sexual function questionnaires. Data from the feasibility trial (Woo et al.), LOCAL study (Shore et al.), crossover study (Cantwell et al.), European registry (McNicholas et al.) and BPH6 study (Sonksen et al.) were analyzed to determine a weighted estimate of absolute change from baseline for each outcome. Results: Average IPSS reduction in the L.I.F.T. study was 44% by 1 month and 46% at 4 years (p < 0.0001). No subjects experienced new onset, sustained erectile or ejaculatory dysfunction. Sexual function assessments indicate stable average erectile function score and statistically improved average ejaculatory score. For those subjects who reached their 4 year follow up and were available to assessment, 19 underwent repeat PUL or other BPH procedure. The LUTS improvement in the L.I.F.T. study at 4 years is stable and comparable to other studies. Conclusions: PUL patients experience rapid recovery with minimal adverse effects. Average symptom response is significant by 2 weeks, and remains stable through 4 years. Erectile and ejaculatory function are preserved. For the L.I.F.T. study, durability will be assessed through 5 years via protocol follow up.

Publisher
Mary Ann Liebert Inc.

751.
Effect of testosterone therapy combined with a very low caloric diet on fat mass in obese men with a low-to low-normal testosterone level: a randomized controlled trial
Fui MNT, Hoermann R, Dupuis P, Raval M, Zajac JD, Grossmann M
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01294863 NEW
Effect of Testosterone Therapy Combined with a Very Low Caloric Diet on Fat Mass in Obese Men with a Low- to Low-Normal Testosterone Level: A Randomized Controlled Trial Context In men, obesity is strongly associated with low testosterone levels. Weight loss due to caloric restriction is associated with increases in circulating testosterone, and testosterone treatment reduces fat mass. However, whether combining testosterone treatment with caloric restriction
reduces fat mass more so than caloric restriction alone is not known. Objective We hypothesised that testosterone treatment will reduce body fat mass more so than caloric restriction alone. Design, setting and participants We conducted a 56-week double-blind randomised placebo-controlled trial at a tertiary referral centre. We recruited 100 obese men (BMI > 30 kg/m<sup>2</sup>) aged 18-75 years with a low- to lownormal serum total testosterone level (average of 2 consecutive morning fasting levels of <12nmol/L [<346ng/dL]). Intervention All men underwent a weight-loss phase with a very low-calorie diet (providing approximately 600 kcal/ d) for 10 weeks followed by reinstitution of normal foods with the aim of weight maintenance for the next 46 weeks. In addition, men were randomised in a concealed 1:1 allocation to receive 10-weekly intramuscular 1000 mg testosterone undecanoate or placebo injections for the 56-week duration of the study. Main outcome measures: The primary outcome was fat mass measured by DEXA. Secondary outcomes were visceral fat mass by abdominal CT and lean body mass by DEXA. Results Baseline characteristics of the 100 men were as follows: median [interquartile range] age 53.2 y [47.4-59.9y], BMI 37.4 kg/m<sup>2</sup> [34.7-41.2kg/m<sup>2</sup>], fat mass 45.1kg [37.8-51.9kg] and total testosterone 7.1nmol/L [6.1-8.2nmol/L] (204ng/dL [175-237ng/dL]) by LCMS-MS. The study will be completed by November 2015 and results will be reported at the meeting Conclusions There is an epidemic of obesity and related functional hypogonadism yet testosterone treatment remains controversial. This trial will assess whether in middle-aged obese men with a low to low-normal testosterone, testosterone treatment has fat lowering effects beyond that achieved by caloric restriction alone.

Institution
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Publisher
Endocrine Society

752.
Hypogonadal men with and without cardiovascular disorders benefit from LPCN 1021 (oral testosterone)-soar (study of androgen replacement) trial
EBM Reviews - Cochrane Central Register of Controlled Trials
Introduction: Testosterone therapy (TTh) is indicated for treating hypogonadal men with low serum testosterone (T) levels and related symptoms. However, T products administered as topical or parenteral T formulations are associated with inadvertent T transference, poor compliance, and superphysiologic T levels in some patients. There is a need for T formulations that improve patient compliance, mitigate transference, and achieve more consistent serum T levels. LPCN 1021 is a novel oral T undecanoate formulation assessed in a Phase 3 (SOAR) trial that may avoid some of the undesirable attributes of non-oral T formulations. Long-term cardiovascular outcomes of TTh is unknown with studies of TTh and cardiovascular safety providing inconsistent results. Methods: SOAR is a randomized, active-controlled, 2-arm, 12-months, open-label, multicenter, dose-titration trial that included 314 hypogonadal (T<300ng/dl on 2 separate days) men between the ages of 18 and 80 years old. Participants were randomized to either LPCN 1021 (n=210) or Androgel 1.62% (n=104). Of the 314 randomized hypogonadal men, 164 (52%) of them had a comorbid condition of cardiovascular disorder (CVD+) at baseline. The LPCN 1021 dose could be titrated up (e.g. if T C<inf>ave</inf>, 24h <300 mg/dL) or down (e.g. if T C<inf>max</inf> was >1500 mg/dL) at weeks 4 and 8 based on 24 h PK, if required. Androgel 1.62% was titrated based on manufacturer's instruction. Sexual function and mood changes were assessed by the Psychosexual Daily Questionnaire (PDQ) for 7 days preceding visits. In addition, quality of life (QoL) was assessed by the SF-36 questionnaire at weeks 1 and 52 (end of study, EOS). Results: Hypogonadal subjects with CVD+ (n=164; 52%) were significantly older (p<0.001), and had higher SHBG levels (p=0.002), and greater vitality (p=0.028); baseline T levels were comparable (p=NS). Men with CVD+ had worse erections (p=0.010) and more difficulty maintaining erections (p=0.001) compared to hypogonadal subjects without CVD at baseline. Treatment with LPCN 1021 resulted in greater reduction of LDL, cholesterol and triglycerides in hypogonadal subjects with CVD+ compared to those without CVD both at baseline (p=0.033, p=0.011 and p=0.091) and EOS (p=0.005, p<0.001 and p=0.014), respectively. Non-significant differences were observed for the same parameters with Androgel 1.62%. In addition, hypogonadal patients with CVD+ treated with LPCN 1021 had significant improvements at EOS compared to baseline for vitality (p=0.006), depressed mood (p<0.001), mental component summary (p=0.017), penile rigidity (p<0.001) and ability to maintain erections (p<0.001). Conclusions: Twice daily administration of oral LPCN 1021 improves psychosexual symptoms in hypogonadal men with or without CVD.
Since the syndrome of hypogonadotropic hypogonadism (HH) is associated with anemia and the administration of testosterone restores hematocrit to normal, we investigated the potential mechanisms which may contribute to it. We measured serum concentrations of erythropoietin, iron, iron binding capacity, transferrin (saturated and unsaturated), ferritin and hepcidin and the expression of ferroportin in peripheral blood mononuclear cells (MNC) of 94 men with type 2 diabetes. 44 men had HH (defined as free testosterone <5ng/dl along with low or normal LH concentrations) while 50 were eugonadal. Hematocrit concentrations were lower in hypogonadal men (41.2±3.8% vs. 43.8±3.2%, p=0.001). There were no differences in plasma concentrations of hepcidin, ferritin, erythropoietin, transferrin, iron or transferrin saturation or in ferroportin expression in MNC among hypogonadal and eugonadal men. Men with HH were randomized to testosterone treatment (200 mg i.m., every two weeks) or placebo (saline 1ml every 2 weeks) for 24 weeks. 20 men in testosterone group and 14 men in placebo group completed the study. Free testosterone concentrations increased from 4.5±1.3 to 13.8±4.1ng/dl (p<0.001) after testosterone therapy but did not change in placebo group. The hematocrit increased from 42.0±2.7% to 45.4±4.6% (p<0.001) but did not change after placebo (40.7±2.9% to 41.6±3.1%, p=0.22). There was a 30+/-7% decrease in plasma hepcidin (p<0.01) and 29+/-8% increase in erythropoietin concentrations (p<0.05) after testosterone therapy. There was no significant change in iron or ferritin concentrations but transferrin concentration increased by 21+/-7% and transferrin saturation decreased by 30+/-10% (p<0.01). Ferroportin mRNA expression in MNC increased by 70+/-13% (p<0.01) at 4 weeks and
15 weeks but came back to baseline at 24 weeks after testosterone therapy when the hematocrit normalized. There was no change in any of these parameters after placebo. We conclude that the administration of testosterone to restore normal testosterone concentration led to a significant increase in plasma erythropoietin concentrations, reduction in plasma hepcidin concentration, marked increase in ferroportin expression which was transient, a smaller but significant increase in transferrin and a small reduction in plasma iron concentrations. Clearly, therefore, the increase in hematocrit is supported by an increase in erythropoietin and an increase in iron transport through an increase in ferroportin. This increase is probably through the known suppression of hepcidin which suppresses ferroportin expression.

Institution
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Publisher
Endocrine Society

754.
Long-term safety and tolerability of oral testosterone (LPCN 1021) in hypogonadal men: results from the 52-week phase 3 study (soar trial)

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01294890  NEW
Introduction and Objective: LPCN 1021 is a novel oral T undecanoate (TU) formulation, absorbed primarily via lymphatics bypassing the liver. LPCN 1021 previously has been shown to be safe and efficacious after 13 weeks in a randomized, active-controlled Phase 3 study.1 We report the long-term safety and consistency of LPCN 1021 in hypogonadal subjects who continued to receive treatment for up to 52 weeks. Methods: Hypogonadal patients (serum T levels < 300 ng/dL) were randomized in a 2:1 ratio to LPCN 1021 or AndroGel 1.62% (active control) and titrated to a successful dose of their assigned treatment. The LPCN 1021 dose was adjusted, if
necessary, to achieve eugonadal T levels (300 to 1140 ng/dL); active control dosing followed the manufacturer’s recommendations. Following the 13-week efficacy phase, subjects continued to receive their assigned study drug for up to 52 weeks. Subjects returned to the clinic at Weeks 26, 39, and 52 for safety assessments and to provide a 3 to 6 hour post dose blood sample. Safety assessments included an evaluation of adverse events (AEs), clinical laboratory tests, and physical examinations. Results: 210 subjects were randomized to LPCN 1021 and 105 to active control. Eugonadal T levels were restored with LPCN 1021 (Week 13 mean [SD] Cavg of 446 [171] ng/dL) and were reliably maintained through Week 52. AEs occurred in 67% of LPCN 1021 subjects and 65% of AndroGel 1.62% subjects. No hepatic, cardiac, or drug-related serious AEs occurred. Each of the gastrointestinal AEs reported occurred in 3% or fewer subjects with LPCN 1021. The most common drug-related AEs (ADRs) for LPCN 1021 and AndroGel 1.62% included acne (2.9% and 2.9% respectively), headache (0.5% and 3.8%, respectively), weight increase (2.4% and 0%, respectively), increased hematocrit (1.9% and 0%, respectively), liver enzyme level increased (1.4% and 0%, respectively), fatigue (0.5% vs 1.9%, respectively), and hypertension (0.5% vs 1.9%, respectively). All ADRs reported were mild or moderate in severity. Androgenic ADRs were uncommon in subjects receiving LPCN 1021 with no reports of sleep apnea or oily skin and 1% or fewer subjects reporting peripheral edema and polycythemia. Most lipid parameters (cholesterol, LDL, HDL, and TG) were comparable between treatment groups at Week 52. Liver enzymes were also generally similar between the treatment groups. Androgenic parameters, including hematocrit, hemoglobin, platelet, prothrombin, and PSA, showed no significant differences in change from baseline to end of study between treatments. Conclusions: LPCN 1021 was well tolerated and had a favorable safety profile in the longterm management of hypogonadal subjects. Notably, no hepatic safety concerns were identified and gastrointestinal AEs with oral LPCN 1021 were generally comparable to those with topically administered AndroGel 1.62%.

Institution
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Publisher
Endocrine Society

755.
Screening, diagnostic, and treatment patterns for testosterone deficiency in an academic medical center
While there are some clear indications for testosterone replacement in children, the role of testosterone therapy in most adult men is not as clearly defined. This has implications as testosterone therapy is associated with numerous risks, including worsening sleep apnea, erythrocytosis, and prostate enlargement. There are three sexual symptoms (erectile dysfunction, low libido, and decreased frequency of morning erections) that have high specificity for testosterone deficiency (TD). There is also a myriad of non-specific symptoms associated with TD (e.g., fatigue, dysthymia, poor concentration) that can be seen in patients with innumerable other medical conditions, but may prompt screening for TD. Since testosterone secretion is diurnal, Endocrine Society guidelines state that the most accurate total testosterone levels (TTL) are drawn in the morning. If this initial TTL is low, a second AM TTL should be drawn to confirm the diagnosis of TD. Screening inappropriately based on nonspecific symptoms and diagnosing TD without appropriate workup leads to costly and unnecessary therapy initiation, with the potential to harm the patient. The purpose of this study was to characterize screening, diagnosis, and treatment patterns for TD in an academic center across various specialties. We queried our electronic medical record from September 2012 to January 2015 for men with a TTL drawn and/or a new testosterone prescription. 206 patients were randomly selected from this pool. Data points collected were: age at screening, symptoms which prompted screening (specific sexual symptoms and non-specific symptoms), time of day / number of TTLs collected prior to testosterone therapy initiation, and whether or not testosterone was prescribed. The actual TTL values were not taken into account in this study. The average age was 54 years old (SD 11.7 years) with all having at least one TTL drawn. 61 patients (30%) received screening but had no specific symptoms of testosterone deficiency. 132 patients (64%) had their initial TTL drawn after morning hours. 59 (29%) of patients got a second confirmatory TTL; of these, 28/59 (47%) were drawn after morning hours. Ultimately, 203 (99%) of those screened were prescribed testosterone, but only 12 (7%) of these patients had an appropriate evaluation (defined here as two TTLs drawn during morning hours). Our data suggest that just being screened for TD is associated with receiving a prescription for testosterone almost 100% of the time in our center. The risk for misdiagnosis was high given that 30% of patients were screened for inappropriate reasons, and 93% of patients were prescribed testosterone after inappropriate evaluation. These
data suggest that current patterns of screening and prescribing for TD are not optimal and may contribute to increased healthcare costs and potential harm to patients.

Institution
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Publisher
Endocrine Society

756.

The androgen receptor (AR) CAG repeat length is not related to changes in androgen-responsive endpoints (AREs) in community-dwelling middle-aged and elderly men of white European origin: prospective results from the European Male Aging Study (EMAS)


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01294913  NEW

Introduction: The Androgen Receptor (AR) tri-nucleotide CAG repeat length polymorphism has been proposed to be a genetic determinant of between-individual variations in androgen action on target tissue (1-9). However, most previous studies have been cross-sectional in design from single centres. Multi-centre studies investigating longitudinal changes in androgen-responsive endpoints (AREs) in relation to the AR CAG repeat length are lacking. Aim and setting: The aim of the study was to assess whether the AR CAG repeat length is associated with longitudinal change in AREs in a multi-center European cohort study of middle-aged and elderly men (10-11).

Methods: 2228 men (mean+/−sd age at follow-up: 63+/−11 years) from 8 European countries comprised the analysis sample after exclusion of those with diagnosed diseases of the hypothalamic-pituitary-gonadal (HPG) axis. Phenotypic assessments undertaken included AREs, such as reproductive hormone levels, body composition, carbohydrate metabolism, hematological and cognitive parameters, and self-reported physical activity, sexual, physical and psychological symptoms and medical conditions. Follow-up measurements were performed a median of 4.3
years later. The AR CAG repeat length was measured using fluorescently-labeled PCR (12). The longitudinal association between relative change in AREs from baseline (dependent variables) and the AR CAG repeat length (independent variable) was assessed using regression analysis adjusting for age and center. The AR CAG repeat length was treated as a continuous linear and also categorical (6-20; 21-23; 24-39 repeats) predictor. Results: The distribution of the AR CAG repeat length (6-20: 581 men, 21-23: 667 men, 24-39: 639 men) was similar to previous studies in community-dwelling European men (9). Analysis of the AR CAG repeat length as a linear predictor of relative change in AREs revealed no significant associations after adjustment: overall sexual function (beta:-0.01, 95%CI:-0.07;0.04), hemoglobin (beta:-0.02, 95%CI:-0.07;0.03), estimated bone mineral density (beta:0.01, 95%CI:-0.04;0.05), waist circumference (beta:-0.04, 95%CI:-0.08;0.01), HOMA-IR (beta:0.01, 95%CI:-0.04;0.06) and physical performance (beta:-0.02, 95%CI:-0.07;0.02). Similar results were obtained, when the AR CAG repeat length was categorized into 3 groups. Conclusion: In this prospective study of community-dwelling middle-aged and elderly men, the AR CAG repeat length was not associated with changes in AREs. We conclude that in individuals with a functional HPG axis, variations in the AR CAG repeat length do not appear to impact on short-term changes in androgen-related physiological endpoints in the general population.

Institution
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Publisher
Endocrine Society

757.
Vitamin D and calcium as novel regulators of reproductive hormones and sex steroids in copenhagen bone gonadal study: a randomized clinical trial
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01294934 NEW
Context: Newer studies have indicated that vitamin D may have more widespread effects than the classical effects on bone and calcium-phosphate homeostasis. The presence of the vitamin D receptor in the testis and male reproductive tract indicates a role for vitamin D in male reproduction Objective: To investigate changes in the reproductive, skeletal and endocrine organs following 5 months supplementation with high dose vitamin D and calcium or placebo in infertile men. Design: A single center, double blinded randomized clinical trial of 330 Danish infertile men with vitamin D insufficiency (serum 25-OHD < 50 nmol/l) conducted from 2011-2015. Setting: Tertiary referral centre for andrology. Participants: All men were part of an infertile couple and were referred due to low semen quality. In total, 1421 infertile men were screened. 1090 men were excluded due to high vitamin D levels, azoospermia, serious associated comorbidities, medication or no desire to participate, yielding 330 men eligible for inclusion in the study. Of the 330 men who gave informed consent 309 showed up day 1 and started treatment with vitamin D + calcium or placebo. Main Outcome Measures: All 309 men underwent DXA scanning, delivered two semen samples and one blood sample prior to treatment start and again after 150 days intervention. The effect of one oral 300,000 IE cholecalciferol loading dose in addition to a daily 1400 IE cholecalciferol + 500 mg calcium dose for 5 months was compared with placebo on semen quality, clinical pregnancies, serum 25-hydroxyvitamin D, 1,25-dihydroxyvitamin D, calcium ion, AMH, Inhibin B, LH, FSH and sex steroid levels. Results: More than 88% of the infertile men completed the study. Two semen analyses prior to the intervention and at follow up day 150 provide a reliable estimate of semen quality before and after the intervention. Serum analyses are being conducted currently using LCMS for vitamin D metabolites and validated ELISAs for sex steroids, AMH, Inhibin B, FSH and LH. The study will be un-blinded December 2015. Conclusions: This is the first randomized clinical trial investigating the effect of vitamin D supplementation to infertile men. This study will show whether supplementation with cholecalciferol and calcium influences reproductive function and changes the endocrine crosslink between bone and gonads in infertile men.

Institution
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Publisher
Endocrine Society

758.
Neurokinin b receptor antagonism decreases LH and testosterone secretion in men
Skorupskaite K, George JT, Anderson RA
EBM Reviews - Cochrane Central Register of Controlled Trials
Endocrine reviews. Conference: 98th annual meeting and expo of the endocrine society, ENDO.
[Journal: Conference Abstract]
AN: CN-01295197  NEW

Background Hypothalamic neurons that co-secrete kisspeptin and neurokinin B (NKB) are central regulators of GnRH and thus gonadotropin (LH and FSH) secretion: men and women with loss-of-function mutations in NKB signalling show suppressed GnRH pulsatility and subsequently reduced gonadotropin secretion, which can be partially restored by exogenous kisspeptin. The availability of an NKB receptor antagonist allows exploration of the role of NKB in the regulation of the reproductive axis in healthy men. Methods Six healthy men aged 23-39 were administered NK3R antagonist, AZD4901, 80mg/day orally for 7 days with spot LH measurements on day -1, 2, 4 and 7. 10-minute blood sampling for 8 h was performed on day -1 and on the last day of treatment with NK3R antagonist for the analysis of pulsatile LH secretion by blinded deconvolution. Kisspeptin-10 (0.3 mug/kg iv bolus) was administered at 6 h on both days. Hormone concentrations were compared by t-test and ANOVA with Bonferroni multiple comparison post hoc analysis. Ethical approvals and informed consent were obtained. Results LH secretion decreased with NK3R antagonist administration (p=0.04), demonstrating a biphasic response: LH fell after 24 h of treatment (4.1+/−0.5 day -1 to 1.7+/−0.2 IU/l), then recovered (4.2+/−0.7 IU/l day 4) but was again decreased on day 7 (2.5+/−0.6 IU/l). Testosterone was consistently suppressed during 7 days of NK3R antagonist treatment (17.9+/−1.1 day -1, 5.6+/−1.5 at 24 hours, 10.1+/−1.2 day 4 and 8.9+/−0.7 nmol/l day 7, p<0.01 all vs day -1). LH pulse frequency was unchanged by NK3R antagonist (0.50+/−0.09 vs 0.47+/−0.07 pulses/h, ns), but LH secretory mass per pulse (5.9+/−1.5 vs 2.6+/−0.6 IU/l, p=0.03) and basal (nonpulsatile) LH secretion (35.0+/−6.6 vs 9.7+/−2.2 IU/l/6h, p=0.009) were markedly reduced. Serum testosterone recovered in all subjects 2 weeks later (19.8+/−1.2 nmol/l). The LH response to kisspeptin-10 was unaffected during NK3R antagonist administration (1 h post kisspeptin-10: 5.5+/−0.5 vs 5.7+/−0.5 IU/l with NK3R antagonist, ns). Conclusions Pharmacological NK3R antagonism reduced serum LH and testosterone concentrations, indicating an important role for NKB signalling in the regulation of gonadal activity in normal men. Kisspeptin is a key modulator of GnRH/LH pulse frequency: in contrast, NK3R antagonism did not affect this, but other aspects of the pulsatile nature of LH secretion were markedly reduced. The LH response to kisspeptin was maintained, supporting a predominantly hierarchical relationship whereby NKB is proximal to kisspeptin in the regulation of GnRH, but the pulse analysis suggests a more complex interaction between these neuropeptides.
Manipulation of kisspeptin/NKB signalling to suppress hypothalamic-pituitary-gonadal axis has therapeutic potential for sex-steroid dependent disorders.

Institution
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Publisher
Endocrine Society

759.
Proinflammatory cytokine infusion attenuates LH's feedforward on testosterone secretion: modulation by age
Veldhuis JD, Yang RY, Roelfsema F, Takahashi PY
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01295203 NEW

Context. In the experimental animal, inflammatory signals quench luteinizing hormone's (LH) feedforward drive of testosterone (T) secretion and appear to impair gonadotropin-releasing hormone (GnRH)-LH output. The degree to which such suppressive effects operate in the human is not known. Objective. To test the hypothesis that interleukin-2 (IL2) impairs LH's feedforward drive on T and T's feedback inhibition of LH secretion in healthy men. Setting. Mayo Clinic's Center for Clinical and Translational Science. Participants. 35 healthy men, 17 young and 18 older.

Interventions. Randomized prospective double-blind saline-controlled study of IL2 infusion in 2 doses with concurrent 10-min blood sampling for 24 h. Outcomes. Deconvolution analysis of LH and T secretion. Results. After saline injection, older compared with young men exhibited reduced LH feedforward drive on T secretion (P<0.001), and decreased T feedback inhibition of LH secretion (P<0.01). After IL2 injection, LH's feedforward onto T secretion declined markedly especially in young subjects (P<0.001). Concomitantly, IL2 potentiated T's proportional feedback on LH secretion especially in older volunteers. Conclusion. This investigation (a) confirms combined feedforward and feedback deficits in older relative to young men given saline, and (b) demonstrates: (1) joint mechanisms by which IL2 enforces biochemical hypogonadism, viz.: combined feedforward block and feedback amplification; and (2) unequal absolute inhibition of T
and LH secretion by IL2 in young and older men. These outcomes establish that the male gonadal axis is susceptible to dual-site suppression by a prototypic inflammatory mediator. Thus, we postulate that selected interleukins might also enforce male hypogonadism in chronic systemic inflammation.

Institution
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Publisher
Endocrine Society

760.
The effect of gonadal steroids on the natriuretic peptide system
Bachmann KN, Miller KK, Wang TJ, Finkelstein JS

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Conference Abstract]
AN: CN-01295228  NEW
Background: The natriuretic peptide (NP) hormonal system is an important determinant of blood pressure. Low NP levels are associated with hypertension and adverse cardiac remodeling. NP levels are much lower in healthy men compared to healthy women, suggesting that a relative NP deficiency in men might contribute to the higher risk of hypertension and cardiovascular disease observed in men. Prior observational studies suggest an inverse association between testosterone and N-terminal proBNP (BNP) in both sexes. Thus, we tested the hypothesis that testosterone supplementation reduces circulating BNP in men. Methods: We studied 362 healthy men (mean age 33 years) who were enrolled into one of 3 cohorts: 1) placebo GnRH agonist + placebo testosterone gel (controls, n=35); 2) GnRH agonist (goserelin acetate 3.6 mg monthly) + randomization to placebo gel or testosterone gel 1.25 g, 2.5 g, 5 g, or 10 g daily (n=167), and 3) GnRH agonist (goserelin acetate 3.6 mg monthly) + aromatase inhibitor (anastrozole 1 mg daily) + randomization to placebo gel or testosterone gel 1.25 g, 2.5 g, 5 g, or 10 g daily (n=160). At 12 weeks, we analyzed serum BNP, serum total testosterone, and serum estradiol levels. Results: As expected, mean levels of serum total testosterone and estradiol differed between testosterone dosage groups (p<0.0001), with higher levels in higher dosage groups. The range of estradiol
levels was much narrower in the cohort that received an aromatase inhibitor compared to the cohorts that did not receive an aromatase inhibitor. BNP levels were negatively associated with serum total testosterone levels in the cohort that received an aromatase inhibitor ($r = -0.21, p<0.009$), in the cohorts that did not receive an aromatase inhibitor ($r = -0.14, p<0.05$), and in all cohorts combined ($r = -0.17, p=0.001$); differences remained significant after adjusting for age and BMI. In contrast, BNP levels were not associated with estradiol levels. In multivariable models including serum total testosterone, estradiol, age and BMI, BNP levels were associated negatively with serum total testosterone levels (partial $r = -0.19, p=0.0005$) but were not associated with estradiol levels. Conclusions: In men randomized to receive varying doses of testosterone supplementation, there is an inverse association between circulating testosterone and BNP levels. In contrast, there is no clear association between estradiol and BNP, within the range of estradiol levels seen in men. Further investigation is needed to elucidate the mechanisms underlying the sexspecific differences in NP levels, a topic that has potentially important implications for sexrelated disparities in hypertension and other cardiovascular disorders.

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Publisher
Endocrine Society

Clinical and immunological characteristics of autoimmune addison's disease in Sweden: a nationwide multicenter analysis of 660 patients
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01295269 NEW
Autoimmune Addison's disease (AAD) is a rare disease and larger cohort studies are occasional. Deeper insights into clinical and immunological features are needed to optimize monitoring. To
provide upgraded data regarding autoimmune comorbidities, autoantibody profiles, metabolic factors and replacement therapy we identified 660 patients with AAD utilizing the Swedish Addison Registry (SAR). Clinical data were analysed and autoantibodies in serum determined. 3627 individuals from the population-based survey Northern Sweden MONICA (MONItoring of Trends and Determinants of CArdiovascular Disease) served as controls when analyzing metabolic factors. The SAR cohort consisted of 59.4% women. The mean age at diagnosis was significantly higher for women (p<0.0001). The proportion of 21-hydroxylase (21-OH) autoantibody positive patients was 83.0%. The majority of patients (62%) had one or more associated autoimmune disease with a women to men ratio of 1.03:0.64 (p<0.0001). The most frequently associated disease among both women and men was hypothyroidism, which was more common among women than men (p<0.0001). Also hyperthyroidism (p=0.0028), hypogonadism (p=0.0015), and alopecia (p=0.0454) had a female preponderance. Regular hydrocortisone was used by 89% of patients; mean dose 28.1 mg/day (SD: 8.5). The mean hydrocortisone equivalent dose normalized to body surface was 14.8 mg/m^2/day (SD: 4.4). Mineralocorticoid substitution was used in 88% of patients. BMI (p<0.0001) and the risk of hypertension (p=0.042) were significantly lower in patients with AAD compared with control subjects. No overall significant differences were found for the risk of type 2 diabetes or hyperlipidemia. However, a significant interaction between age and AAD was observed for hyperlipidemia (p=0.013); AAD patients <65 years but not >65 years had a higher risk of hyperlipidemia compared with control subjects. AAD patients are prone to develop other autoimmune conditions. Careful monitoring especially of clinically latent cases is warranted. The mean daily hydrocortisone dose in Swedish AAD patients is slightly higher than generally recommended but the patients do not have an overall unfavorable metabolic profile.

Institution
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Publisher
Endocrine Society

762.
Unexpectedly dramatic weight loss in a Prader-Willi syndrome patient treated by Liraglutide
Pirson N, Patricia E, Jean-Paul T
EBM Reviews - Cochrane Central Register of Controlled Trials
Prader-Willi syndrome is the most common genetic disorder responsible for a life-threatening obesity. The weight gain results mostly from hyperphagia, but its physiopathology remains unsettled. Hence, the treatment is generally poorly effective. Liraglutide is a Glugacon-Like Peptide (GLP)-1 analog approved for the treatment of type 2 diabetes and more recently for the treatment of the obesity. This medication induces generally a moderate weight loss resulting from enhanced satiety. We report the case of a 48-year-old man with a classical PWS associated with a super morbid obesity (W: 179.8 kg and H: 156 cm; BMI 73.9 kg/m$^2$) and type 2 diabetes almost well controlled (HbA1c = 7.1%) with tritherapy (Metformine-Gliclazide-Sitagliptine). In addition to diabetes, obesity was complicated with arterial hypertension, sleep apnea syndrome and hypogonadism. At the first visit in our center, Sitagliptine was stopped for Liraglutide 1.2 mg/day to encourage weight loss. During the next three years, the weight loss was dramatic and continued over the years of treatment with Liraglutide (-90 kg /3 years) to reach a BMI of 37.4 kg/m$^2$, below the threshold of morbid obesity at the most recent visit. In parallel, glycemic control improved markedly allowing a reduction in the hypoglycemic treatment (HbA1c = 5.6%) despite the stop of gliclazide. To our best knowledge, few PWS patients treated by GLP-1 analogs have been reported in the literature. However, in these cases, the amplitude of weight loss was lower and the length of the follow up shorter. Since therapeutic options are limited and bariatric surgery controversial in this population, randomized controlled studies should be designed to assess the efficacy of GLP-1 analogs.

Institution
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Publisher
Taylor and Francis Ltd.
Aim: To study the clinical phenotype, the genetics and therapeutic responses in a series of 35 consecutive patients with hypogonadotropic hypogonadism and normosmia (nIHH) /hyposmia (KS). Methods: The study of the genes FGFR1 and KAL1 (anosmin), is performed in our center since 2013. Recently, a panel of genes is available for analysis of the following genes: KAL1, FGFR1, PROKR2, PROK2, CHD7, FGF8, KISS1, KISS1R, APR3, TACR3, GNRHR, GNRH1, NELF, WDR11, HS6ST1, SEMA3A. Results: the series includes 35 patients (32 H/3F, 18 +/-9 years) belonging to 31 families. We have identified by olfactometry 26 nIHH and 9 KS. Brain MRI was performed in all patients: two patients had a malformation of Chiari I, two patients showed a partially empty sella, one patient had a cyst of the pouch of Rathke and another one had a cleft palate. Preliminary genetic analysis demonstrated a FGFR1 mutation in three patients and in a family. Identified mutations were: c.1663+1 G > A, c.1025T > A (p.Leu342*) and c.937-1234C > T (new mutation: exon 8A of the isoform IIIb), An anosmin mutation was also identified in another patient: c.827-856 + 49delins, p.Ala276-asp286delinsGlyAsn. A last patient had a new mutation TAC3 c.238 + 1 G > A. concerning fertility outcomes, an oligospermia was obtained in 6/12 men treated with hCG and FSH. Hormonal treatment allowed the development of secondary sexual characters in all patients. The patient with FGFR1:c.937 - 1234C > T showed a reversibility of hypogonadism, after 4 years of treatment. Conclusions: Patients with nIHH FGFR1 mutation may also present with neuro developmental anomalies, which they should be screened for. The association of normosmic IHH and Chiari malformation is intriguing: it was reported just once in the literature (Kulmar & al. Pituitary 2010). We demonstrated hypogonadism reversibility in a patient with one FGFR1 mutation. Finally, we report two novel TAC3 and FGFR1 mutations.
Dynamics of changes in endocrine status in adolescents with lymphoma
Pak E, Kit O, Frantsiyants E, Dmitrieva V, Kozyuk O, Lysenko I, Vladimirova L
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01295971 NEW

Background: The purpose of the study was to analyze the endocrine status of patients with Hodgkin lymphoma (HL) before treatment and the effect of chemotherapy on sex, pituitary and glucocorticoid hormones. Methods: Gonadal function, its regulation by tropic pituitary hormones and levels of prolactin and cortisol were studied by radioimmunoassay in 32 HL patients aged 12-21 years receiving chemotherapy. Results: Before therapy females showed estradiol decreased by 10 times compared with the norm in follicular and luteal phases of the cycle, with testosterone increase by 3.7 times in phase I and by 10 times in phase II of the cycle. Follicle-stimulating hormone (FSH) was 10 times lower than the norm. Luteinizing hormone in the luteal phase was similar to the norm in all disease stages, and in the follicular phase it was decreased by 15 times in patients with stage III-IV disease, compared with the norm. Male patients, especially those with stage III-IV disease, showed low testosterone levels in the blood before treatment. Significant overproduction of estradiol was observed, especially in stages III-IV. FSH levels in stage III-IV patients were 11 times lower than the norm; cortisol content did not change in stages I-II, and in stages III-IV it was 2.5 times higher than the norm. Prolactin and progesterone levels were similar to the norm. Conclusions: HL development in adolescents is accompanied by significant changes in levels of sex and pituitary hormones and cortisol depending on the disease stage. Chemotherapy provides high antitumor effect and normalizes the levels of circulating hormones that have changed before the treatment.

Institution
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Publisher
Oxford University Press
Introduction: Stem cells for sexual disorders are steadily being introduced into clinical trials. Two conditions of importance are the main target for this line of treatment, especially when regarding the wide array of translational and basic science highlighting the potential advantages of regenerative therapy: erectile dysfunction (ED) and more recently Peyronie disease (PD). Cellular therapy offers a treatment modality that might reverse disease progression. It would be used in a curative setting, in contrast to other pharmaceutical agents that are currently available. Aim: To review basic preclinical studies and recent clinical trials of stem cells on ED and PD. Methods: A search of the medical literature for the following terms was performed using PubMed: stem cells, cellular therapy, erectile dysfunction, Peyronie's disease, and clinical trial. Main Outcome Measures: A non-systematic narrative review and critical reflection on preclinical and clinical studies administering stem cells for ED and PD in animal models and human subjects. Results: Numerous studies have confirmed the beneficial functional effects of stem cell injection in established animal models on ED and PD. Various stem cell types have been adopted, from embryonic to adult mesenchymal cell types. Each cell type offers distinctive advantages and disadvantages. Diverse administrations of stem cells were investigated, with insignificant variability in the ultimate results. Stem cells appear to have a pronounced paracrine effect, rather than the classic engraftment and differentiation hypothesis. Phase 1 clinical trials using stem cells have not reported any severe adverse events in animals. However, these results cannot be extrapolated to draw any conclusions about efficacy in human patients. Conclusion: Stem cells have an established efficacy in preclinical studies and early clinical trials. Studies are currently being published demonstrating the safety of intrapenile injection of autologous bone marrow- and adipose tissue-derived stem cells. Copyright (C) 2016 International Society for Sexual Medicine.
Sildenafil citrate in combination with tamsulosin versus tamsulosin monotherapy for management of male lower urinary tract symptoms due to benign prostatic hyperplasia: a randomised, double-blind, placebo-controlled trial


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article In Press]

AN: CN-01299872  NEW

Objective: To assess the additive effect of sildenafil citrate to tamsulosin in the treatment of lower urinary tract symptoms due to benign prostatic hyperplasia (LUTS/BPH) in men with or without erectile dysfunction (ED). Patients and methods: In all, 150 men with untreated LUTS/BPH with or without ED were randomised to receive sildenafil 25mg once daily (OD) or placebo OD (night time) combined with tamsulosin 0.4mg OD (day time) for 6 months. Changes from pre-treatment scores in International Prostate Symptom Score (IPSS), IPSS-quality of life (QoL) score, maximum urinary flow rate (Q max), and the five-item version of the International Index of Erectile Function questionnaire (IIEF-5) were assessed at 3 and 6 months. Safety profiles were assessed by physical examination and monitoring clinical adverse events. Results: Group A comprised of men who received tamsulosin and sildenafil (75 men), whilst those in Group B received tamsulosin and placebo (75). The IPSS was significantly improved in Group A compared to Group B, at -29.3% vs -13.7% (P = 0.039) at 3 months and -37% vs -19.6% (P = 0.043) at 6 months after treatment. Q max significantly improved in both groups compared with before treatment (P < 0.001). The IIEF-5 scores improved more in Group A than in Group B, at 58.7% vs 11.7% at 3 months and 62.4% vs 12.4% at 6 months after treatment (both P < 0.001). Conclusion: Sildenafil citrate combined with tamsulosin improved LUTS, erectile function, and patient QoL more than tamsulosin monotherapy with the merit of a comparable safety profile in patients with LUTS/BPH. Copyright (C) 2016 Arab Association of Urology.

Institution

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Publisher

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Theta burst stimulation (TBS) is thought to affect reward processing mechanisms, which may increase and decrease reward sensitivity. To test the ability of TBS to modulate response to strong primary rewards, participants hypersensitive to primary rewards were recruited. Twenty men and women with at least two opposite-sex, sexual partners in the last year received two forms of TBS. Stimulations were randomized to avoid order effects and separated by 2 hours to reduce carryover. The two TBS forms have been demonstrated to inhibit (continuous) or excite (intermittent) the left dorsolateral prefrontal cortex using different pulse patterns, which links to brain areas associated with reward conditioning. After each TBS, participants completed tasks assessing their reward responsiveness to monetary and sexual rewards. Electroencephalography (EEG) was recorded. They also reported their number of orgasms in the weekend following stimulation. This signal was malleable by TBS, where excitatory TBS resulted in lower EEG alpha relative to inhibitory TBS to primary rewards. EEG responses to sexual rewards in the lab (following both forms of TBS) predicted the number of orgasms experienced over the forthcoming weekend. TBS may be useful in modifying hypersensitivity or hyposensitivity to primary rewards that predict sexual behaviors. Since TBS altered the anticipation of a sexual reward, TBS may offer a novel treatment for sexual desire problems. Copyright (C) 2016 Prause et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
Padeliporfin vascular-targeted photodynamic therapy versus active surveillance in men with low-risk prostate cancer (CLIN1001 PCM301): an open-label, phase 3, randomised controlled trial


EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Article In Press]

AN: CN-01302429 NEW

Background: Vascular-targeted photodynamic therapy, a novel tissue-preserving treatment for low-risk prostate cancer, has shown favourable safety and efficacy results in single-arm phase 1 and 2 studies. We compared this treatment with the standard of care, active surveillance, in men with low-risk prostate cancer in a phase 3 trial. Methods: This randomised controlled trial was done in 47 European university centres and community hospitals. Men with low-risk, localised prostate cancer (Gleason pattern 3) who had received no previous treatment were randomly assigned (1:1) to vascular-targeted photodynamic therapy (4 mg/kg padeliporfin intravenously over 10 min and optical fibres inserted into the prostate to cover the desired treatment zone and subsequent activation by laser light 753 nm with a fixed power of 150 mW/cm for 22 min 15 s) or active surveillance. Randomisation was done by a web-based allocation system stratified by centre with balanced blocks of two or four patients. Best practice for active surveillance at the time of study design was followed (ie, biopsy at 12-month intervals and prostate-specific antigen measurement and digital rectal examination at 3-month intervals). The co-primary endpoints were treatment failure (histological progression of cancer from low to moderate or high risk or death during 24 months’ follow-up) and absence of definite cancer (absence of any histology result definitely positive for cancer at month 24). Analysis was by intention to treat. Treatment was open-label, but investigators assessing primary efficacy outcomes were masked to treatment allocation. This trial is registered with ClinicalTrials.gov, number NCT01310894. Findings: Between March 8, 2011, and April 30, 2013, we randomly assigned 206 patients to vascular-targeted photodynamic therapy and 207 patients to active surveillance. Median follow-up was 24 months (IQR 24-25). The proportion of participants who had disease progression at month 24 was 58 (28%) of 206 in the vascular-targeted photodynamic therapy group compared with 120 (58%) of 207 in the active surveillance group (adjusted hazard ratio 0.34, 95% CI 0.24-0.46; p<0.0001). 101 (49%) men in the vascular-targeted photodynamic therapy group had a negative prostate biopsy result at 24 months post treatment compared with 28 (14%) men in the active surveillance group (adjusted risk ratio 3.67, 95% CI 2.53-5.33; p<0.0001). Vascular-targeted photodynamic therapy was well tolerated. The most common grade 3-4 adverse events were
prostatitis (three [2%] in the vascular-targeted photodynamic therapy group vs one [<1%] in the active surveillance group), acute urinary retention (three [2%] vs one [<1%]) and erectile dysfunction (two [1%] vs three [1%]). The most common serious adverse event in the vascular-targeted photodynamic therapy group was retention of urine (15 patients; severe in three); this event resolved within 2 months in all patients. The most common serious adverse event in the active surveillance group was myocardial infarction (three patients). Interpretation: Padeliporfin vascular-targeted photodynamic therapy is a safe, effective treatment for low-risk, localised prostate cancer. This treatment might allow more men to consider a tissue-preserving approach and defer or avoid radical therapy. Funding: Steba Biotech. Copyright (C) 2016 Elsevier Ltd.

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Publisher
Lancet Publishing Group (E-mail: cususerv@lancet.com)

769.
Quantifying Barriers to Improvement of Treatment Satisfaction in Men With Erectile Dysfunction: use of Person-Item Maps
Bushmakin AG, Cappelleri JC, Stecher V, Lue TF
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article In Press]
AN: CN-01302444  NEW

Introduction: Patient-reported outcomes are a valuable tool used to gauge treatment satisfaction in different conditions, including erectile dysfunction (ED). Aim: To use person-item maps to quantify barriers to improvement of treatment satisfaction in men with ED. Methods: Men 18 to 65 years old with documented ED received sildenafil 50 mg, sildenafil 100 mg, or placebo for 8 weeks in a double-blinded manner. Post hoc analyses were conducted on Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) data (11 items rating treatment satisfaction; each item score range = 0-4). Main Outcome Measures: Person-item maps were developed based on Rasch models. To quantify barriers to improvement of treatment satisfaction, responses to the 11 items of the EDITS questionnaire were dichotomized to indicate improvement (responses of 3 or 4 were combined to a score of 1) vs no change or worsening (responses of 0, 1, or 2 were combined to a score of 0). Results: Analyses were conducted using data from 278 men who
completed the EDITS questionnaire at the end of double-blinded treatment. The person-item map indicated that EDITS item 4 (ease of use of treatment) was the easiest barrier to overcome, whereas the most difficult barrier to improvement of treatment satisfaction was EDITS item 2 (degree to which treatment met expectations). Most men in the sildenafil 100-mg group endorsed most EDITS items, consistent with substantial improvement. The sildenafil 50-mg group was similar, but with smaller frequencies for endorsing improvement of the more difficult EDITS items. In contrast, men receiving placebo endorsed mainly the easiest EDITS items, with only a small number of men endorsing the difficult items. Conclusion: A person-item map is a useful means for quantifying barriers to improvement of treatment satisfaction represented by EDITS items in patients with ED. Copyright (C) 2016 International Society for Sexual Medicine.

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primary outcome measurement was an increase of at least five points on the IIEF-EF score. The secondary outcome measurement was an increased EHS score to at least 3 in men with a score no higher than 2 at baseline. Data were analyzed by linear and logistic regression. Results: Mean IIEF-EF scores were 11.5 at baseline (95% CI = 9.8-13.2), 13.0 after five sessions (95% CI = 11.0-15.0), and 12.6 after 10 sessions (95% CI = 11.0-14.2) in the sham group and correspondingly 10.9 (95% CI = 9.1-12.7), 13.1 (95% CI = 9.3-13.4), and 11.8 (95% CI = 10.1-13.4) in the ESWT group. Success rates based on IIEF-EF score were 38.3% in the sham group and 37.9% in the ESWT group (odds ratio = 0.95, 95% CI = 0.45-2.02, . P = .902). Success rates based on EHS score were 6.7% in the sham group and 3.5% in the ESWT group (odds ratio = 0.44, 95% CI = 0.08-2.61, . P = .369). A limitation of this study is that device settings (number of shockwaves and penetration depth) were estimated based on an existing trial on focused ESWT. Conclusion: No clinically relevant effect of LLI-ESWT on ED was found. Copyright (C) 2016 The Authors.

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Elsevier B.V. (E-mail: customerservices@oxonblackwellpublishing.com)

Light therapy as a treatment for sexual dysfunction; focus on testosterone levels
Koukouna D, Bossini L, Casolaro I, Caterini C, Fagiolini A
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01303800 NEW
Seasonality has shown to have a significant influence on sexual function and the pineal gland plays a key role in the neuroendocrine control of sexual activity. The retinohypothalamic tract carries information on the cycles light/dark to the suprachiasmatic nucleus of the hypothalamus that projects to the pineal gland and inhibits the production of melatonin [1]. When these impulses stop (at night, when light no longer stimulates the hypothalamus), pineal inhibition ceases and melatonin is released. Melatonin increases the secretion of prolactin, which contributes to sexual
dysfunction. We aimed at demonstrating that inhibition of the pineal gland activity through a light treatment may favorably affect sexual function reducing plasma levels of melatonin. We recruited a sample of 38 male subjects among outpatients referred to the Urology Department of the University of Siena on the basis of a diagnosis of primary hypoactive sexual desire disorder (HSDD) and sexual arousal disorder (SAD). Participants were randomly assigned to active light treatment (ALT) or placebo light treatment (L-PBO) and assessed before and after 2 weeks of treatment ALT/L-PBO via the Structured Clinical Interview for DSM-IV sexual disorders (SCID-d) and self-administered rating scale of the level of sexual satisfaction (1 to 10); testosterone levels were also assessed at baseline and after two weeks of treatment through blood samples. The ALT consisted of daily exposure to a white fluorescent light box (Super-Lite 3S), fitted with an ultraviolet filter and rated at 10,000 lx at a distance of 1 meter from screen to cornea for 30 min as soon as possible after awakening, between 7.00 a.m. and 8.00 a.m. The L-PBO was an identical light box fitted with a neutral density gel filter to reduce light exposure to 100 lx. The Mann-Whitney test for nonparametric data has been applied to analyze the differences between the ALT and L-PBO group at the time of recruitment and after 2 weeks of therapy. At baseline the two groups were clinically comparable; results after 2 weeks of therapy showed a significant improvement in sexual satisfaction in the group treated with ALT approximately 3 times higher than the group that received the placebo (p<0.05), while no significant improvement was observed in the group L-PBO. Testosterone levels (range 2.7-10.9 ng/ml) at baseline were 2.1 +/- 1.3 ng/ml in ALT and 2.3 +/- 0.6 ng/ml in L-PBO group; after two weeks they raised at 3.6 +/- 1.1 ng/ml in ALT group (p<0.05) while no significant difference emerged in L-PBO group. Our results suggest that the level of sexual satisfaction at baseline was roughly comparable in the two groups, with no statistically significant differences. After 2 weeks of treatment the group that received ALT showed a significant improvement in sexual function with respect to baseline level, about 3 times higher than the group that received L-PBO. This difference could also be attributed to increased levels of testosterone in subjects treated with active light therapy.

Institution
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Publisher
Elsevier B.V.
Frequency of severe iatrogenic hyperprolactinaemia with atypical long acting and oral antipsychotics: paliperidone, risperidone, olanzapine, quetiapine and aripiprazole


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Conference Abstract]

AN: CN-01303826  NEW

Background: Iatrogenic hyperprolactinaemia (IHPRL) is a common but heterogeneous side effect that has been more frequently related with some antipsychotic (APS) drugs like haloperidol, risperidone, amisulpride and paliperidone. Increased awareness between clinicians and a careful attention about some severe physical risk is needed. IHPRL frequency and symptoms could be underestimated without routine exploration. Short-term symptoms include amenorrhea, galactorrhea and sexual dysfunction (decrease of libido and erectile difficulties related to hypogonadism). Medium and long-term symptoms related to estrogen decrease like low bone mass density, hypogonadism, praecox menopause, some types of cancer risk increase (breast and endometrial), cardiovascular risk increase, immune system disorders lipids and cognitive dysfunction could be observed. Routinely explore sexual dysfunction is recommended due to possible poor patient tolerance and low compliance. Severity of IHPRL (mild <25 ng/ml; moderate 25-75 ng/ml; severe >100 ng/ml) must be taken into account in order to avoid clinical consequences and follow treatment strategies. Published consensus states that special care for elderly, child and adolescents and patients with PRI levels >50 ng/ml should be taken. Objective: To evaluate the frequency and severity of hyperprolactinemia associated to different APS, including oral and longacting in clinical settings. Methods: Multicentre and observational cross-sectional study. Adult patients treated with either ILD or oral paliperidone, risperidone, olanzapine, aripiprazole and oral quetiapine for at least 4 weeks and with no other PRL-rising treatment were included at clinically approved dosages. Hyperprolactinaemia was defined as 25 ng/ml in women or 20 ng/ml in men. Patients under more than one antipsychotic treatment were excluded. Results: 363 patients suffering for severe mental disorders (psychosis or bipolar disorder) were evaluated. Oral paliperidone was associated with the higher frequency of severe hyperprolactinaemia (>100 ng/ml): 46.4% (mean dosage 7.6 mg/day) followed by paliperidone ILD (26.8%; 125 mg/monthly); risperidone ILD (23.1%; 71 mg/15 days); oral risperidone (19.4%; 4.7 mg/day); olanzapine ILD (8.3%; 338 mg/monthly); quetiapine (3.2%; 466 mg/day) and oral olanzapine (1.5%; 12.5 mg/day). Aripiprazol did not show any severe IHPRL (15 mg/day).

Conclusion: Prolactin levels should be checked in all patients receiving antipsychotics at baseline
although praecox symptoms (amenorrhea-galactorrhea) could not be present in order to
determine severity of IHPRL and not underestimate other tardive symptoms sometimes severe
(osteoporosis, increased of cardiovascular/ cancer risk. Intervention strategies (dosage decrease,
drug substitution, dopaminergic agonist) should be approached in all moderate/severe
hyperprolactinaemia. A possible prolactinoma should be investigated in patients with PRL levels
>100 ng/ml with special attention to patients with breast/endometrial cancer history. Densitometry
should be prescribed for males >50 years old, amenorrhea >6 months or praecox menopause to
avoid fractures risk. This frequency of severe IHPRL must be taken in consideration when
choosing a long-term antipsychotic for patients, given the important clinical consequences
associated to severe sustained hyperprolactinaemia.

Institution
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Publisher
Elsevier B.V.

773.
Influence of treatment of vulvovaginal atrophy with intravaginal prasterone on the male partner
Montesino M, Labrie F
EBM Reviews - Cochrane Central Register of Controlled Trials
Gynecological endocrinology. Conference: 17th world congress of gynaecological endocrinology,
2016.
[Journal: Conference Abstract]
AN: CN-01304244  NEW
Context: Vulvovaginal atrophy (VVA) is caused by thinning of the epithelial lining of the vagina
and lower genitourinary tract, with decreased lubrication and a loss of elasticity of the vaginal
wall. The decrease in vaginal tissue strength and the increased friability increases the risk of
epithelial damage with pain at sexual activity, dryness, burning, irritation, and bleeding after sex.
Objective: The aim was to analyze the opinion of the male partner of women treated for VVA with
intravaginal 0.50% prasterone (DHEA), thus providing information to the couple. Methods: On a
voluntary basis, in a prospective, randomized, doubleblind and placebo-controlled phase-III
clinical trial, the male partner filled a Male Partner Exposure Questionnaire at baseline and at 12
weeks stating his observations related to his penis and intercourse before and after VVA treatment. Patient(s): A total of 100 partners in the male population answered the Male Partner Exposure Questionnaire. Intervention(s): Postmenopausal women with moderate to severe dyspareunia were administered daily for 12 weeks intravaginal 0.50% (6.5 mg) prasterone or placebo. Main outcome measure(s): The administration of intravaginal prasterone to women was considered to have no significant negative adverse effect on the male partner if at least 80% of male partners from the prasterone-treated group had a global score <1 for changes from baseline to week 12. Result(s): Thirty-six percent of men having a partner treated with prasterone did not feel the vaginal dryness of the partner at the end of treatment compared with 7.8% in the placebo group. In the prasterone group, 38% of men scored very improved compared with 18% in the placebo group. Conclusions: The male partner had a very positive evaluation of the treatment received by his female partner.

Institution
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Publisher
Taylor and Francis Ltd

774.
Evidence
Grosso M, Bongiovanni S, Baralis I, Pedrazzini F, Sortino D, Balderi A
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01304901 NEW
Learning Objectives 1. To learn about the results of current relevant trials 2. To outline the outcomes of non-endovascular techniques and PAE 3. To become familiar with the evidence regarding outcomes Benign prostatic hyperplasia (BPH) is the most frequent cause of lower urinary tract symptoms (LUTS) in the aging male. Autopsy studies indicated that no men younger than 30 years old had evidence of BPH and the prevalence rises with aging, at 88% in men in their 80s and nearly 100% in the ninth decade, supporting a urologic dogma that all men will have BPH if they live long enough. Patients with mild LUTS are generally treated with watchful waiting
or lifestyle modification. Medical treatment is usually the firstline option and is indicated for patients with moderate LUTS. The two main categories of medications for management of BPH are alpha-blockers and 5alpha-reductase inhibitors. Patients with a refractory disease or complications because of medical treatment are considered for surgical therapy. Instead transurethral resection of the prostate (TURP) is the goldstandard surgical treatment. It is effective, with IPSS (international prostate symptom score) reduced on average by 70% even though it is related to a higher rate of complications with increased gland size >80 ml. The most important side effect of this treatment is retrograde ejaculation (70-86%); other complications are bleeding requiring blood transfusion (2.5-7.2%), TUR syndrome (3.4-4.7%), erectile dysfunction (6.5%), urinary incontinence (0.7-1.4%), and urethral stenosis (3.8-4%). Open prostatectomy is the procedure of choice for prostates larger than 80-100 cm3, but it is an invasive surgical procedure with concomitant morbidity and extended hospitalization. Several other less invasive therapies have been popularized in the past two decades, including photoselective vaporization of the prostate, transurethral needle ablation, transurethral microwave therapy, and holmium laser enucleation of the prostate. Despite of promising results of laser enucleation, the learning curve is very protracted. Prostatic artery embolization (PAE) as an emerging interventional technique to treat LUTS secondary to BPH (LUTS/BPH) has recently gained in popularity worldwide. The therapeutic potential of PAE in the management of symptomatic BPH was first described by DeMeritt et al. in 2000. The authors treated a spontaneous prostatic bleeding in patients with BPH and during the follow-up they noted shrinkage of the enlarged prostate and a relief of symptoms. However, this milestone clinical report did not attract much academic attention until 2008, when Sun et al. first published an animal experimental study that confirmed the technical feasibility and safety of PAE for the treatment of symptomatic BPH. Since then there have principally been two authors, Prof. Carnevale from Sao Paulo, Brazil, and Prof. Pisco from Lisbon, Portugal, who have obtained the preliminary results of PAE. In 2009 and 2011, Carnevale et al. reported the preliminary results and midterm follow-up in two patients treated with PAE. Both patients reported a significant improvement in IPSS and QoL (Quality of Life) scores at 18 months. However the first large series was described by Pisco et al in 2013, they performed PAE in 89 patients with LUTS associated with BPH using 200-mum nonspherical polyvinyl alcohol particles. An average decrease in IPSS score, an increased in QoL score, a mean PV (Prostate Volume) reduction were detected after a 7,9 months follow-up, with only one mayor complication consisting in a necrosis of the bladder inferior wall. The only randomized trial comparing TURP and PAE has been published in Radiology in march 2014 by Yuan-an Gao's Chinese group (1); surgical treatment showed superior improvement at one and 3 months but at 6 and 12 months follow-up the results of both groups are similar regarding IPPS, QoL, peak urinary flow and postvoiding residual volume. Clinical failure of PAE was 9,4% and there were more frequent complication associated (post-embolization syndrome 11,1% and 25,9% of acute urinary
Bagla et al. have reported the first US experience (2); 20 patients have been treated with up to six months results: clinical success was obtained in 19/20; there were no minor or major complications. Registers in Italy and US are now ongoing; in Southampton UK a multidisciplinary register comparing PAE and TURP has been launched with over 50 patients recruited in PAE arm and 25 in the TURP one. Since May 2012, in our Interventional Radiology Department (3) were treated 35 patients with LUTS in BPH, refractory to medical therapy. The indication for treatment was given by a team made up of urologist and interventional radiologists. Patients enrolled were ineligible or refusing traditional surgical endoscopic treatment. PAE was technically successful in 96.7% of cases, without any complications. All the eleven patients with indwelling catheter before the procedure removed it from one to four weeks after PAE. We achieved a statistically significant volume reduction, IPSS reduction, and QoL improvement. Pisco et al. in CIRSE 2015 have obtained long-term results of PAE in 240 patients: technical success 233 patients (97.1%), 72.1% of clinical success at the time of discharge, and 70% long-term improvement; in this paper, a major complication (bladder wall ischemia treated by surgery) was described. One of the latest studies proposed by Pisco et al., in 2016 (4), evaluates the efficacy of PAE in patients with a high prostate volume > 100 cm3. The treatment was performed in 152 patients, with a technical success in 149. Instead, 33 cases resulted in a clinical failure (23.6%), of which 23 in the short term (< 6 months) and the remaining 10 in the medium-term. Cumulative clinical success rates were 90%, ending in 72.4% from 18 until 66 months. Hence, PAE provides sustained short-, medium-, long-term control for LUTS in patients with prostate volume > 100 cm3. To improve the results of PAE Carnevale has developed the PErFecTED technique (Proximal Embolization First Then Embolize Distal) with promising outcomes (5). He has prospectively randomized 30 patients to receive TURP or original PAE compared them to a cohort of patients treated with PErFecTED PAE. TURP and PErFecTED PAE both resulted in significantly lower IPSS than oPAE but were not significantly different from one another. Therefore, TURP and PAE are both safe and effective treatments. TURP and PErFecTED PAE yield similar symptom improvement, but TURP is associated with both better urodynamic results and more adverse events. Also, in case of recurrence of symptoms after PAE, prostatic artery re-embolization has been proposed by Costa et al. at CIRSE 2015; 30 patients were re-embolized with PVA particles with 93.72% of technical success, at 6 months' follow-up. 80% of clinical success was reached with an IPSS mean decrease of 31%. In conclusion, PAE is a minimally invasive procedure performed under local anaesthesia, feature that makes it suitable to old patients with comorbidity. The treatment is indicated in patients with either small or large prostates. This technique has many positive sides such as absence of retrograde ejaculation, impotence, and urethral stenosis. Furthermore, the typical contraindications of TURP like heart disease, metallic implant or penile prosthesis, several urethral stenosis, artificial sphincter and elevated ASA score are not restrictions for PAE. Even if PAE seems to be really safe some
complications have been underlined by Schreuder et al. in a recent systematic review (6). They described as mayor complication important pain due to bladder ischemia (0.57%), acute urinary retention (2.97%) and cases of rectum, anus, or corpus cavernosum ischemia. They found out also few minor complications like hematoma on puncture site (3.68%), hematuria (8.36%), hematospermia (5.38%), urinary tract infection (9.49%), prostatitis, and balanitis (1.42%). In spite of complications, 89% of patients were discharged on the day of the procedure and the remaining 11% the day after. After all, evidence demonstrates that PAE is safe and effective, with a low complication rate, and in accordance with the latest studies, it can also be repeated in the same patients.

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Utility of a single serum testosterone measurement to determine response to topical testosterone replacement in hypogonadal men.

EBM Reviews - Cochrane Central Register of Controlled Trials

Current Medical Research and Opinion. 32 (2) (pp 263-269), 2016. Date of Publication: 01 Feb 2016. 2016.

[Journal: Article]
AN: CN-01193093 NEW

Objective: To evaluate the utility of single serum testosterone measurement in patients receiving transdermal testosterone therapy.

Research design and methods: Data were from an open-label, 120 day, multi-center titration trial in androgen-deficient men receiving an initial daily dose of 60 mg testosterone (testosterone topical solution 2%) applied to axillae (30 mg/axilla). Average concentration (Cavg) of serum testosterone (TT) was determined on days 15, 60, and 120; doses were adjusted to maintain normal Cavg (300-1050 ng/dL [10.4-36.4 nmol/L]). Accuracy of single serum TT measurements (2, 4, 8, 12, 16, and 20 hours post-dose) was assessed in patients with Cavg TT within and below (<300 ng/dL [<10.4 nmol/L]) the normal range. Clinical trial registration: Clinicaltrials.gov - NCT00702650.

Main outcome measure: Serum testosterone levels.

Results: In patients with normal Cavg (n = 85), 79% to 92% had serum testosterone levels within normal range 2, 4, 8, 12, 16, and 20 hours post-dose; significant effects of time post-dose
for single testosterone measurement accuracy (P = 0.01) were observed: testing accuracy peaked 4-8 hours post-dose and tapered ~16 hours post-dose. In 28/63 instances with low Cavg TT throughout the study a normal 2 hour serum TT level was observed. The average percentage (across all days) of discordant results between Cavg (<300 ng/dL [<10.4 nmol/L]) and single serum TT measurements (300-1050 ng/dL [10.4-36.4 nmol/L]) declined with increasing time from dose application (44% at 2 hours, 38% at 4 hours, 22% at 8 hours, 3% at 16 hours). Conclusions: Reliance on a single serum testosterone measurement to determine the need for dose adjustment of testosterone topical solution 2% may lead clinicians to change the dose unnecessarily, or alternatively, not increase the dose when necessary. The results reported here are limited to testosterone topical solution 2% and may not be applicable to other topical agents.

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Views of Turkish men regarding the use of drugs and products for increasing sexual performance. Turk Erkeklerinin Seksuel Performansi Artirm icin Kullanilan Ilac ve Urunlere Bakisi.
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01193969 NEW
Aim: This study aims to evaluate the views of the adult male population in Turkey concerning the use of drugs (Phosphodiesterase type 5 inhibitors) and herbal products to increase sexual performance, and to assess the use and outcomes of these medications within the study site.
Material and Method: This non-interventional, observational, sectional site study was conducted in 2012. Participants were randomly selected from 19 provinces of Turkey according to Eurostat and Nomenclature of territorial units for statistics (NUTS) Level-2 by a proportional sampling method according to postal code lists. Men aged 18 years or older were included in this study as representatives of the male Turkish population. Of these, 410 men using at least one erectile
dysfunction (ED) product within the last year were interview face-to-face. Results: 98% of participants did not have ED. The rate of drug use for "increasing sexual performance" by those not reporting erection problems was 63%. Among this group of drugs, moderate to high satisfaction rates were observed for sildenafil and herbal products of 85% and 63% respectively. Women's awareness of their partners’ drugs use was low at 25%. Satisfaction among women aware of their partners’ drug use was 63%. Discussion: The prevalence of drug use, including PDE-5 inhibitors or herbal products, is high among Turkish men, who often do not inform their partners about their drug use. Given the high rate of satisfaction in cases where partners are informed, we believe that the positive psychosocial effects of these medications on partners could contribute to treatment planning. Copyright (C) 2016, Journal of Clinical and Analytical Medicine. All rights reserved.

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777.
REVITALISE: A Large Observational Study Assessing the Safety and Effectiveness of Vardenafil in Men With Erectile Dysfunction and Metabolic Syndrome.

EBM Reviews - Cochrane Central Register of Controlled Trials
Sexual Medicine. 4 (3) (pp e135-e144),. 2016. Date of Publication: 01 Sep 2016. 2016.
[Journal: Article]
AN: CN-01194049  NEW

Introduction Erectile dysfunction (ED) is prevalent in men with metabolic syndrome (MetS); therefore, it is important to characterize ED treatments in this population. Aims To investigate the safety and effectiveness of vardenafil in men with ED and MetS in a clinical setting. Methods REVITALISE is an international, prospective, single-arm, observational study in men with ED and MetS newly prescribed vardenafil. Vardenafil was prescribed at the discretion of the treating physician in line with the marketing authorization. Treatment effectiveness (International Index of Erectile Function [IIEF]) and health-related quality of life (Aging Males' Symptoms Scale) were assessed at treatment initiation, at an optional dose adjustment visit after approximately 4 weeks, and at the end of the observation period (approximately 12 weeks). Main Outcome Measures The
primary outcome was an intraindividual improvement in erectile function (EF), defined as an increase of at least four points in the EF domain of the IIEF. Secondary outcomes included assessing normal EF (IIEF-EF score > 26), mild ED (IIEF-EF score = 22-25), and health-related quality of life. Treatment-emergent adverse events were monitored. Results In the intent-to-treat population (n = 1,832, mean age = 54.0 years, mean body mass index = 31.82 kg/m<sup>2</sup>, Asian 36.8%, white 49.9%, 20.4% with severe ED, 75.6% with mild or moderate ED, 4.0% without ED), 82.4% reported an increase of at least four points in IIEF-EF score. Median IIEF-EF score increased from 15.0 (baseline) to 25.0 at 12 weeks (P <.0001). After treatment, 45.4% and 29.4% (intent-to-treat population) had normal EF and mild ED, respectively. Improvements in the sexual, psychological, and somatic subscales of the Aging Males' Symptoms Scale were found (P <.0001). Treatment-emergent adverse events were reported by 7.19% of patients; there were no serious adverse events related to vardenafil. Conclusion In a clinical setting, men with ED and MetS treated with vardenafil reported improvements in EF and health-related quality of life; and the safety profile of vardenafil was acceptable. REVITALISE demonstrates that vardenafil represents a good treatment option for men with ED and MetS.

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778.
Orgasm, Serotonin Reuptake Inhibition, and Plasma Oxytocin in Obsessive-Compulsive Disorder. Gleaning From a Distant Randomized Clinical Trial.
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01194838 NEW
Introduction Serotonin reuptake inhibitors (SRIs) are widely used for the treatment of psychiatric disorders, including obsessive-compulsive disorder (OCD). SRIs commonly cause delayed orgasm, the mechanism of which is poorly understood. Oxytocin is involved in sexual function and is interconnected with serotonin within the brain. SRIs are reported to affect the oxytocin
system, but possible relations between SRI-induced changes of sexual function and oxytocin are unexplored in humans. In a randomized, double-blinded, placebo-controlled trial of OCD, the anti-obsessive efficacy and adverse events of SRIs and oxytocin measurements were studied. Aims To identify possible correlates between oxytocin levels and sexual function; find out whether sexual side effects correlate with levels of oxytocin and/or paroxetine and clomipramine; and test whether changes in sexual functioning are related to an anti-obsessive response. Methods Reported sexual function and oxytocin plasma levels at rest were studied in 31 adults (15 men and 16 women) with OCD who participated in a randomized, double-blinded trial comparing the SRIs clomipramine and paroxetine with placebo. Sexual adverse effects were quantified by a clinician-administered semistructured interview. Anti-obsessive response was based on the Yale-Brown Obsessive-Compulsive Scale. Main Outcome Measures Ratings on the Sexual Symptom Checklist, plasma oxytocin, serum paroxetine and clomipramine levels, and Yale-Brown Obsessive-Compulsive Scale scores. Results Baseline oxytocin levels were positively correlated with baseline OCD severity, but not with sexual functioning. Impaired orgasm at week 6 was reported by 73% of SRI-treated and 20% of placebo-treated patients (P = .03). Impaired orgasm was related to higher oxytocin levels after 4 weeks of SRI treatment (P < .01) but not to SRI concentrations. In men, an association between impaired orgasm and anti-obsessive treatment response was found (P = .028). Conclusion This pilot study suggests that some collateral effects of SRIs, particularly delayed orgasm, might be influenced by changes within the oxytocinergic system and are related to anti-obsessive mechanisms. Early-onset delayed orgasm in SRI-treated patients could serve as a predictor for OCD treatment response. Copyright (C) 2016 The Authors
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Background: Many clinicians believe that preparedness before surgery for possible post-surgery side effects reduces the level of bother experienced from urinary incontinence and decreased sexual health after surgery. There are no published studies evaluating this belief. Therefore, we aimed to study the level of preparedness before radical prostatectomy and the level of bother experienced from urinary incontinence and decreased sexual health after surgery. Material and methods: We prospectively collected data from a non-selected group of men undergoing radical prostatectomy in 14 centers between 2008 and 2011. Before surgery, we asked about preparedness for surgery-induced urinary problems and decreased sexual health. One year after surgery, we asked about bother caused by urinary incontinence and erectile dysfunction. As a measure of the association between preparedness and bothersomeness we modeled odds ratios (ORs) by means of logistic regression. Results: Altogether 1372 men had urinary incontinence one year after surgery as well as had no urinary leakage or a small urinary dribble before surgery. Among these men, low preparedness was associated with bother resulting from urinary incontinence [OR 2.84; 95% confidence interval (CI) 1.59-5.10]. In a separate analysis of 1657 men we found a strong association between preparedness for decreased sexual health and experiencing bother from erectile dysfunction (OR 5.92; 95% CI 3.32-10.55). Conclusion: In this large-sized prospective trial, we found that preparedness before surgery for urinary problems or sexual side effects decreases bother from urinary incontinence and erectile dysfunction one year after surgery. Copyright (C) 2016 Acta Oncologica Foundation

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Objectives: To present the baseline patient-reported outcome measures (PROMs) in the Prostate Testing for Cancer and Treatment (ProtecT) randomized trial comparing active monitoring, radical prostatectomy and external-beam conformal radiotherapy for localized prostate cancer and to compare results with other populations. Materials and Methods: A total of 1643 randomized men, aged 50-69 years and diagnosed with clinically localized disease identified by prostate-specific antigen (PSA) testing, in nine UK cities in the period 1999-2009 were included. Validated PROMs for disease-specific (urinary, bowel and sexual function) and condition-specific impact on quality of life (Expanded Prostate Index Composite [EPIC], 2005 onwards; International Consultation on Incontinence Questionnaire—Urinary Incontinence [ICIQ-UI], 2001 onwards; the International Continence Society short-form male survey [ICSmaleSF]; anxiety and depression (Hospital Anxiety and Depression Scale [HADS]), generic mental and physical health (12-item short-form health survey [SF-12]; EuroQol quality-of-life survey, the EQ-5D-3L) were assessed at prostate biopsy clinics before randomization. Descriptive statistics are presented by treatment allocation and by men's age at biopsy and PSA testing time points for selected measures. Results: A total of 1438 participants completed biopsy questionnaires (88%) and 77-88% of these were analysed for individual PROMs. Fewer than 1% of participants were using pads daily (5/754). Storage lower urinary tract symptoms were frequent (e.g. nocturia 22%, 312/1423). Bowel symptoms were rare, except for loose stools (16%, 118/754). One third of participants reported erectile dysfunction (241/735) and for 16% (118/731) this was a moderate or large problem. Depression was infrequent (80/1399, 6%) but 20% of participants (278/1403) reported anxiety. Sexual function and bother were markedly worse in older men (65-70 years), whilst urinary bother and physical health were somewhat worse than in younger men (49-54 years, all P < 0.001). Bowel health, urinary function and depression were unaltered by age, whilst mental health and anxiety were better in older men (P < 0.001). Only minor differences existed in mental or physical health, anxiety and depression between PSA testing and biopsy assessments. Conclusion: The ProtecT trial baseline PROMs response rates were high. Symptom frequencies and generic quality of life were similar to those observed in populations screened for prostate cancer and control subjects without cancer. Copyright (C) 2016 BJU International.

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AN: CN-01195848 NEW

Objectives: To evaluate the effects of testosterone-replacement therapy (TRT) on prostate health indicators in hypogonadal men, including rates of prostate cancer diagnoses, changes in prostate-specific antigen (PSA) levels and lower urinary tract symptoms (LUTS) over time.

Patients and Methods: The Registry of Hypogonadism in Men (RHYME) is a multi-national patient registry of treated and untreated, newly-diagnosed hypogonadal men (n = 999). Follow-up assessments were performed at 3-6, 12, 24, and 36 months. Baseline and follow-up data collection included medical history, physical examination, blood sampling, and patient questionnaires. Prostate biopsies underwent blinded independent adjudication for the presence and severity of prostate cancer; PSA and testosterone levels were measured via local and central laboratory assays; and LUTS severity was assessed via the International Prostate Symptom Score (IPSS). Incidence rates per 100 000 person-years were calculated. Longitudinal mixed models were used to assess effects of testosterone on PSA levels and IPSS. Results: Of the 999 men with clinically diagnosed hypogonadism (HG), 750 (75%) initiated TRT, contributing 23 900 person-months of exposure. The mean testosterone levels increased from 8.3 to 15.4 nmol/L in treated men, compared to only a slight increase from 9.4 to 11.3 nmol/L in untreated men. In all, 55 biopsies were performed for suspected prostate cancer, and 12 non-cancer related biopsies were performed for other reasons. Overall, the proportion of positive biopsies was nearly identical in men on TRT (37.5%) compared to those not on TRT (37.0%) over the course of the study. There were no differences in PSA levels, total IPSS, or the IPSS obstructive sub-scale score by TRT status. Lower IPSS irritative sub-scale scores were reported in treated compared to untreated men. Conclusions: Results support prostate safety of TRT in newly diagnosed men with HG. Copyright (C) 2016 BJU International.

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Prevalence and prognosis of a low serum testosterone in men with type 2 diabetes: the Fremantle Diabetes Study Phase II.

EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01196132  NEW

Background: Because published studies have usually involved imprecise assays and selected patients with limited additional data and follow-up, the consequences of a low serum testosterone in diabetes are unclear. This study assessed the prevalence, associates and prognosis of a low testosterone in community-dwelling men with type 2 diabetes. Design: Longitudinal observational study. Patients: 788 men (mean +/- SD age: 65.8 +/- 11.3 years) followed for 4.0 +/- 1.1 years. Measurements: Serum testosterone, SHBG, erectile dysfunction (ED; Sexual Health Inventory for Men score <22), anaemia (haemoglobin <130 g/l), all-cause mortality. Results: The mean +/- SD total serum testosterone by liquid chromatography/mass spectrometry was 13.1 +/- 5.9 nmol/l (30.6% <10 nmol/l). Most men with a total testosterone <10 nmol/l (67.0%) had a normal/low serum LH. Serum testosterone was independently associated with anaemia (P < 0.001), but not ED (P = 0.80), in logistic regression models. The optimal cut-point (Youden Index) for anaemia was 9.8 nmol/l (sensitivity 53.6%, specificity 75.4%). During the follow-up, 102 men (12.9%) died. There was a U-shaped relationship between total serum testosterone quintiles and death (P = 0.003, log rank test). The middle quintile (>11.1 to <13.7 nmol/l) had the lowest risk and there was a 78% increased risk for highest (>16.9 nmol/l) vs lowest (<8.6 nmol/l) quintile in Cox proportional hazards modelling (P = 0.036). Free serum testosterone and SHBG quintiles were not associated with death. Conclusions: These data provide some support for the general conventional serum testosterone <10 nmol/l cut-point in identifying an increased risk of anaemia and the subsequent death in men with type 2 diabetes, but indicate that high-normal levels are also an adverse prognostic indicator. Copyright (C) 2016 John Wiley & Sons Ltd

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Effects of developmental exposure to bisphenol A and ethinyl estradiol on spatial navigational learning and memory in painted turtles (Chrysemys picta).

EBM Reviews - Cochrane Central Register of Controlled Trials
Hormones and Behavior. 85 (pp 48-55),. 2016. Date of Publication: 01 Sep 2016. 2016.
[Journal: Article]
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Developmental exposure of turtles and other reptiles to endocrine disrupting chemicals (EDCs), including bisphenol A (BPA) and ethinyl estradiol (EE2, estrogen present in birth control pills), can induce partial to full gonadal sex-reversal in males. No prior studies have considered whether in ovo exposure to EDCs disrupts normal brain sexual differentiation. Yet, rodent model studies indicate early exposure to these chemicals disturbs sexually selected behavioral traits, including spatial navigational learning and memory. Thus, we sought to determine whether developmental exposure of painted turtles (Chrysemys picta) to BPA and EE2 results in sex-dependent behavioral changes. At developmental stage 17, turtles incubated at 26°C (male-inducing temperature) were treated with 1) BPA High (100 µg/mL), 2) BPA Low (0.01 µg/mL), 3) EE2 (0.2 µg/mL), or 4) vehicle or no vehicle control groups. Five months after hatching, turtles were tested with a spatial navigational test that included four food containers, only one of which was baited with food. Each turtle was randomly assigned one container that did not change over the trial period. Each individual was tested for 14 consecutive days. Results show developmental exposure to BPA High and EE2 improved spatial navigational learning and memory, as evidenced by increased number of times spent in the correct target zone and greater likelihood of solving the maze compared to control turtles. This study is the first to show that in addition to overriding temperature sex determination (TSD) of the male gonad, these EDCs may induce sex-dependent behavioral changes in turtles. Copyright (C) 2016 Elsevier Inc.
A perspective on the evolving landscape in male reproductive medicine.

EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01196565  NEW

Context: Men's health and aging are emerging as important areas of research opportunity because of advances in reproductive biology and the recognition of men's health as a unique and important aspect of public health. Evidence Acquisition: A perspective of the evolving landscape in male reproductive medicine. Evidence Synthesis: Remarkable discoveries in reproductive biology have greatly advanced the treatment of erectile dysfunction, androgen deficiency, infertility, hormone sensitive cancers, and prostate diseases. Although the off-label use of testosterone in middle-aged and older men has grown, the management of androgen deficiency syndromes remains suboptimal. There is a pressing need for wider adoption of accurate testosterone assays and harmonized reference ranges and large randomized trials of testosterone's efficacy and cardiovascular and prostate safety. The transformation in idealized body image towards greater muscularity has contributed to increasing prevalence of body image disorders and the use of muscle building drugs in men. Therapeutic options for fertility regulation in men remain limited, the pathophysiologic basis of infertility in a vast majority of infertile men remains unknown, and assisted reproductive technologies remain inaccessible to many infertile men. Much of the dogma on testosterone's binding to its binding proteins remains inaccurate, and the role of free and albumin-bound testosterone poorly understood. The reproductive health of cancer survivors and the availability of wider contraceptive choices formenare other areas ofunmetneed. Suboptimal care of transgender persons has framed transgender medicine as an important healthcare disparities issue. Conclusions: Transformative changes in societal attitudes towards men's sexual health, body image, and gender identity, and in the economics of reproductive healthcare services, offer extraordinary opportunities for translational science that is patient focused, mechanism based, and integrated with healthcare. Copyright (C) 2016 by the Endocrine Society.

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Six months of daily treatment with vardenafil improves parameters of endothelial inflammation and of hypogonadism in male patients with type 2 diabetes and erectile dysfunction: a randomized, double-blind, prospective trial.


EBM Reviews - Cochrane Central Register of Controlled Trials

OBJECTIVE: Type 2 diabetes mellitus (T2DM) is associated with endothelial dysfunction, characterized by a reduction of nitric oxide (NO)-mediated relaxation. Phosphodiesterase type 5 inhibitors (PDE5i) improve NO levels. The aim of the study was to investigate whether long-term, chronic treatment with the PDE5i vardenafil improves systemic endothelial function in diabetic men.

DESIGN: A prospective, investigator-initiated, randomized, placebo-controlled, double-blind, clinical trial was conducted.

METHODS: In total, 54 male patients affected by T2DM, diagnosed within the last 5 years, and erectile dysfunction were enrolled, regardless of testosterone levels. In all, 26 and 28 patients were assigned to verum and placebo groups respectively. The study consisted of an enrollment phase, a treatment phase (24 weeks) (vardenafil/placebo 10 mg twice in a day) and a follow-up phase (24 weeks). Parameters evaluated were as follows: International Index of Erectile Function 15 (IIEF-15), flow-mediated dilatation (FMD), serum interleukin 6 (IL6), endothelin 1 (ET-1), gonadotropins and testosterone (measured by liquid chromatography/tandem mass spectrometry).

RESULTS: IIEF-15 erectile function improved during the treatment (P<0.001). At the end of the treatment both FMD (P=0.040) and IL6 (P=0.019) significantly improved. FMD correlated with serum testosterone levels (R(2)=0.299; P<0.001). Testosterone increased significantly under vardenafil treatment and returned in the eugonadal range only in hypogonadal men (n=13), without changes in gonadotropins. Chronic vardenafil treatment did not result in relevant side effects.

CONCLUSION: This is the first double-blind, placebo-controlled clinical trial designed to evaluate the effects of chronic treatment of vardenafil on endothelial health-related parameters and sexual
hormones in patients affected by a chronic disease. Chronically administered vardenafil is
effective and improves endothelial parameters in T2DM patient. Moreover, chronic vardenafil
therapy improves hypogonadism in diabetic, hypogonadal men.

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786.
Efficacy and safety of a new herbal formula (KBMSI-2) in the treatment of erectile dysfunction: A
randomized, double-blind, placebo-controlled clinical trial.
Koo Y, Park HJ, Hwang SY, Kim SW, Park NC

EBM Reviews - Cochrane Central Register of Controlled Trials
CONFERENCE END: 2016 May 10, 2016 Annual Meeting of the American Urological
Association, AUA San Diego, CA United States.,
[Journal: Conference Abstract]
AN: CN-01142663  UPDATE

INTRODUCTION AND OBJECTIVES: KBMSI-2, an herbal formula consisting of Ginseng Radix
Rubra, Dioscorea tenuipes, Cornus officinalis Sieb. et Zucc., Lycium chinense Mill, and Curcuma
lomna Linn, improves erectile function (EF) by preserving smooth muscle content and inhibiting
fibrosis of the corpus cavernosum in a diabetic rat model. In the present study, we investigated
the efficacy and safety of KBMSI-2 for the treatment of erectile dysfunction (ED) METHODS:
Patients were instructed to take placebo or 6 g KBMSI-2 twice per day for 8 weeks at least 1 h
after food intake. The primary efficacy variable was the change from baseline in EF domain
scores of the International Index of Erectile Function (IIEF) questionnaire. Secondary efficacy
measurements included changes from baseline in all domain scores of the IIEF, scores on the
Aging Males' Symptoms scale, and total levels of serum testosterone, as well as changes in
questions 2 and 3 of the Sexual Encounter Profile, responses to the Global Assessment
Question, and changes in the number of 'yes' answers on the Androgen Deficiency in Aging
Males questionnaire RESULTS: In total, 44 patients completed baseline evaluations and were randomly assigned to receive placebo or KBMSI-2, and 41 patients completed the study. After treatment, KBMSI-2 showed significant increases in IIEF-EF scores and intercourse satisfaction. Only one patient had an adverse event, which was mild in severity CONCLUSIONS: KBMSI-2 resulted in significant improvements in EF, as measured by the IIEF-EF and intercourse satisfaction domains in patients with ED. With phosphodiesterase type 5 inhibitors already in clinical use, KBMSI-2 has the potential to expand the treatment options for ED.

Institution
H.J. Park, BusanSouth Korea
Publisher
Elsevier Inc.

787.
Testosterone supplementation in adult males with cutaneous injury.
Fagin AM, Pape K
EBM Reviews - Cochrane Central Register of Controlled Trials
CONFERENCE END: 2016 May 6, 48th Annual Meeting of the American Burn Association Las Vegas, NV United States.,
[Journal: Conference Abstract]
AN: CN-01160574  UPDATE
Introduction: It has been well established that burn and other cutaneous injuries have long range and prolonged effects on multiple systems within the human body. Methods: We present a case series of 3 adult men treated for cutaneous injuries (43% TBSA burn, 2 initial and 1 recurrent necrotizing soft tissue infection). All 3 men were found throughout their hospital course to have low motivation and a flat affect with poor oral intake. They were also non-compliant with therapies and each had some evidence of difficult healing. Testosterone was checked in each patient.
Results: Testosterone levels in all 3 patients were found to be consistent with prepubescent Tanner Stage 2, typical in ages 9-11 years. Testosterone replacement was undertaken by depot injection in 2 men and testosterone topical gel in one. After supplementation, all 3 men were found to be more willing to work with therapy with more responsibility taken for their own care. Also, wounds were noted to be improved after supplementation. Conclusions: Testosterone is the primary male androgen. It is made in the testes primarily with a small amount produced in the
adrenal medulla. Free testosterone is the active hormone in the plasma that enacts downstream effects. Most studies of the effects of burn on the hypothalamic-pituitary-gonadal (HPG) axis have been in animal models. The pro-inflammatory cytokines produced after significant burn injury have been shown to have a negative effect on the HPG axis and thus depress the production of testosterone (1). This can cause long ranging affects such as lean muscle mass loss, depressed affect, and loss of interests/energy/strength. Additionally anabolic steroids, such as testosterone, directly stimulate the healing process (2) so decreased levels can significantly affect the body’s ability to heal a cutaneous insult. The loss of lean muscle mass after burn injury is related to increased morbidity and mortality. Studies suggest that pharmacologic agents improve muscle protein balance, and effects depend on patient’s age, dosage, and probably time after burn (3). Our case series suggests that testosterone is important for healing and improved outcomes for men after significant cutaneous injury. It raises more questions than it answers. When should we check testosterone levels? How soon and in what way should we supplement testosterone in the patient? When do we stop? How should we monitor to determine appropriate replacement? These are all questions that need to be answered with a randomized controlled trial within the burn patient population. Applicability of Research to Practice: With further research to answer these remaining questions, care of the adult male with depressed testosterone production may be changed to allow for improved wound and psychosocial outcomes.

Institution
A.M. Fagin
Publisher
Lippincott Williams and Wilkins
Objective to evaluate variations in sexual and erectile function in subjects with chronic heart failure (CHF) after optimization of CHF treatment. Methods 160 patients men (age range 40-76 years; mean age 60 years), with CHF and erectile dysfunction (ED), were divided two groups, one under symptomatic treatment of ED; were asked all of them to complete the International Index of Erectile Function IIEF-5 before (at baseline) and 3 months after optimization of treatment of CHF. Results Among 160 patients studied, 47.3% have an optimal treatment of CHF versus 52.7% have not, more than 60% of patients with optimal treatment of CHF (and without symptomatic treatment of ED) showed significant improvements on the 5 domains of the IIEF-5, compared to 25% of patients without optimal treatment and under symptomatic treatment of ED (the difference was statistically significant). Conclusion the results of this study support that optimal treatment of CHF improves erectile function in patient with erectile dysfunction secondary to CHF better than symptomatic treatment alone.

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Publisher
Elsevier Masson SAS

Psychometric testing of two new patient-reported outcome instruments for the evaluation of treatment for hypogonadism.
Hayes RP, Ni X, Heiselman DE, Kinchen K
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01178163  NEW
Aim: The aim of this study was to perform psychometric testing and estimate minimal important change (MIC) of two new patient-reported outcome (PRO) instruments - Sexual Arousal, Interest and Drive Scale (SAID) and Hypogonadism Energy Diary (HED). Methods: New PRO instruments were administered immediately after screening (Time 1, test-retest subset only) and immediately prior to both randomisation (Time 2) and end-point (Time 3) to men participating in a randomised clinical trial comparing the effect of testosterone solution 2% (TS) and placebo on serum total testosterone. Psychometric analyses included reliability, validity and responsiveness. Total scores for both PRO instruments were transformed to a 0-100 scale. Results: Study participants
Clinicians identified 86% subjects as having low sex drive, 86% with low energy and 76% with both symptoms. Reliability analyses for SAID and HED yielded reliability coefficients > 0.70. SAID scores discriminated between men having low sex drive (n = 553) and those who did not (n = 80) (34.5 vs. 42.8, p < 0.001). HED scores discriminated between men having low energy (n = 541) and those who did not (n = 64) (48.9 vs. 60.2, p < 0.001). In the men randomised to TS (vs. placebo), SAID and HED detected effect sizes of 0.61 (vs. 0.39) and 0.68 (vs. 0.48), respectively. MIC estimates for SAID and HED were approximately 10 and 8, respectively. Conclusions: This study provided evidence of the reliability, validity and responsiveness of SAID and HED as measures of sex drive and energy, respectively, making them potentially useful for evaluation of hypogonadal treatment.

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Publisher
Blackwell Publishing Ltd

790.

The impact on health-related quality of life in the first 12 months: A randomised comparison of preoperative short-course radiation versus long-course chemoradiation for T3 rectal cancer (Trans-Tasman Radiation Oncology Group Trial 01.04).


EBM Reviews - Cochrane Central Register of Controlled Trials


[Comparative Study. Journal Article. Multicenter Study. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]

AN: CN-01127848  UPDATE

Purpose To assess health-related quality of life (HRQOL) in patients participating in a randomised trial of neoadjuvant short course radiation (SC) or long course chemoradiation (LC) for operable rectal cancer. Patients and methods Eligible patients with T3N0-2M0 rectal cancer completed the European Organisation for Research and Treatment of Cancer quality of life questionnaire (QLQ-C30) and the colorectal cancer specific module (QLQ-C38) at randomisation and 1, 2, 3, 6, 9 and
12 months later. Results Of 326 patients randomised, 297 (SC 143, LC 154) were eligible for completion of HRQOL questionnaires. Baseline scores were comparable across the SC and LC groups. Patients reported low scores on sexual functioning and sexual enjoyment. Defaecation problems were the worst of the symptoms at baseline. Surgery had the most profoundly negative effect on HRQOL, seen in both the SC and LC treatment groups to the same extent. The most severely affected domains were physical function and role function and the most severely affected symptoms were fatigue, pain, appetite, weight loss and male sexual problems. Most domains and symptoms returned to baseline levels by 12 months apart from body image, sexual enjoyment and male sexual problems. Future perspective was better than prior to treatment.

Conclusion There is no overall difference in HRQOL between SC and LC neoadjuvant treatment strategies, in the first 12 months, after surgery. In the immediate postoperative period HRQOL was adversely affected in both groups but for the most part was temporary. Some residual sexual functioning concerns persisted at 12 months.

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Publisher
Elsevier Ltd

791.
The NK3 Receptor Antagonist ESN364 Suppresses Sex Hormones in Men and Women.
Fraser GL, Ramael S, Hoveyda HR, Gheyle L, Combalbert J
EBM Reviews - Cochrane Central Register of Controlled Trials
[Clinical Trial, Phase I. Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]

AN: CN-01137619 UPDATE

Context: Women's health disorders are commonly treated by agents that suppress the hypothalamic-pituitary-gonadal axis. NK3 receptor antagonism modulates this axis with distinct pharmacology compared to existing therapies. Objective: The study aim was to evaluate safety, pharmacokinetics, and pharmacodynamics on gonadotropins and sex hormones after single-and multiple-dose administration of an NK3R antagonist to healthy men and women. Design and Setting: This was a first-in-human, double-blind, placebo-controlled, combined single and multiple...
ascending dose trial. Participants: Forty-one men and 24 regularly cycling women participated in the study. Intervention(s): In part 1 of the study, men received single oral doses of 3-180 mg or placebo. In part 2, men received placebo or 20, 60, or 180 mg each day for 10 days. In part 3, women received placebo or 20, 60, or 180 mg each day for 21 days, where dosing was initiated on day 3 after menses. Main Outcome Measure(s): Safety, tolerability, pharmacokinetics, and pharmacodynamics on circulating levels of LH, FSH, testosterone, estradiol, and progesterone, in addition to physiological biomarkers of endometrial thickening, follicle growth, and the duration of the menstrual cycle were evaluated. Results: ESN364 was well-tolerated and rapidly bioavailable with linear pharmacokinetics and no drug accumulation with repeated, daily oral administration. Drug treatment dose-dependently decreased basal LH, but not FSH, and consequently decreased estradiol and progesterone (in women) as well as testosterone (in men). The hormonal changes in women corresponded to delayed ovulation, decreased endometrial thickening, impeded follicular maturation, and prolongation of the menstrual cycle. Drug effects were rapidly reversible. Conclusions: Oral administration of the NK3R antagonist, ESN364, suppressed the hypothalamic-pituitary-gonadal axis in healthy volunteers by selective modulation of gonadotropin secretion, leading to a restrained decrease in ovarian hormone levels in women. These results suggest that ESN364 may offer therapeutic benefit in the treatment of women's health disorders with a mitigated risk of menopausal-like adverse events.

Institution
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Publisher
Endocrine Society

792.
Relationship between erectile dysfunction and silent myocardial ischemia in diabetic patients: A multidetector computed tomography coronary angiography study.
EBM Reviews - Cochrane Central Register of Controlled Trials
CONFERENCE END: 2015 Oct 17, 3rd Biennial Meeting of the Middle East Society for Sexual Medicine, MESSM 2015 Cairo Egypt.
[Journal: Conference Abstract]
Objectives: As silent myocardial ischemia (SMI) is a strong predictor of early death especially in patients with diabetes mellitus (DM), our study aims to evaluate the relationship between erectile dysfunction (ED) severity and SMI in DM patients using the multidetector computed tomography coronary angiography (MDCT-CA), and to identify predictors of SMI. Material and Methods: The study included 20 diabetic patients with ED with no past and/or present cardiac symptoms. Erectile function was evaluated with sexual health inventory for men (SHIM), erection hardness score (EHS), and mean penile circumferential change (MPCC) by Erectometer. MDCT-CA was used for SMI diagnosis. Results: Data was presented as mean +/- SD, median (25th-75th interquartile range), or percentage (%) when appropriate. Patients characteristics showed age 61.45 +/- 10.7 years, BMI 27.3 +/- 6.93 kg/m2, 95% type 2 DM, DM history 6 (4-15) years, 45% hypertension, 30% Dyslipidemia, 55% smoking, HbA1c 7.38 +/- 1.21 %, HOMA-insulin resistance 15.55 (6.95- 37.75) mU/ml, HDL-Cholesterol 44.24 +/- 9.35 mg/dl, and LDL-Cholesterol 98.67 +/- 32.88 mg/dl. Patients Hormonal profile showed total testosterone 5.53 +/- 2 nmol/l, free testosterone 7.75 +/- 2.46 pg/ml, and LH 6.1(5.1-7.7) mIU/ml. Erectile evaluation showed ED history 3 (2-7) years, SHIM score 5 (2.5-8.5), EHS 2 (1-2), MPCC 14.5 +/- 9.46 mm. MDCT-CA showed coronary artery stenosis in 13/20 (65%) in the form of one-vessel 6/20 (30%), 2-vessels 2/20 (10%), 3-vessels 5/20 (25%) affection. Half of the patients showed >50% vessel lumen obstruction with the left anterior descending coronary artery was the most common affected (55%). Pearson correlation test demonstrated that maximum coronary artery stenosis was positively correlated with age (r = 0.529, p = 0.016), and negatively correlated with EHS (r = -0.449, p = 0.046). Multivariate analysis using age & EHS parameters showed that age was the only predictor for SMI (p = 0.04). Conclusions: MDCT-CA could be a useful tool to identify SMI in DM patients with ED especially in those with advanced age, and/or sever ED. A controlled clinical trial with a larger patient sample size is needed.

Institution
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Publisher
Elsevier

793.
Salvage radiotherapy with or without short-term hormone therapy for rising prostate-specific antigen concentration after radical prostatectomy (GETUG-AFU 16): a randomised, multicentre, open-label phase 3 trial.


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01165440 NEW

Background How best to treat rising prostate-specific antigen (PSA) concentration after radical prostatectomy is an urgent clinical question. Salvage radiotherapy delays the need for more aggressive treatment such as long-term androgen suppression, but fewer than half of patients benefit from it. We aimed to establish the effect of adding short-term androgen suppression at the time of salvage radiotherapy on biochemical outcome and overall survival in men with rising PSA following radical prostatectomy. Methods This open-label, multicentre, phase 3, randomised controlled trial, was done in 43 French study centres. We enrolled men (aged >18 years) who had received previous treatment for a histologically confirmed adenocarcinoma of the prostate (but no previous androgen deprivation therapy or pelvic radiotherapy), and who had stage pT2, pT3, or pT4a (bladder neck involvement only) in patients who had rising PSA of 0.2 to less than 2.0 mug/L following radical prostatectomy, without evidence of clinical disease. Patients were randomly assigned (1:1) centrally via an interactive web response system to standard salvage radiotherapy (three-dimensional [3D] conformal radiotherapy or intensity modulated radiotherapy, of 66 Gy in 33 fractions 5 days a week for 7 weeks) or radiotherapy plus short-term androgen suppression using 10.8 mg goserelin by subcutaneous injection on the first day of irradiation and 3 months later. Randomisation was stratified using a permuted block method according to investigational site, radiotherapy modality, and prognosis. The primary endpoint was progression-free survival, analysed in the intention-to-treat population. This trial is registered with ClinicalTrials.gov, number NCT00423475. Findings Between Oct 19, 2006, and March 30, 2010, 743 patients were randomly assigned, 374 to radiotherapy alone and 369 to radiotherapy plus goserelin. Patients assigned to radiotherapy plus goserelin were significantly more likely than patients in the radiotherapy alone group to be free of biochemical progression or clinical progression at 5 years (80% [95% CI 75-84] vs 62% [57-67]; hazard ratio [HR] 0.50, 95% CI 0.38-0.66; p<0.0001). No additional late adverse events occurred in patients receiving short-term androgen suppression compared with those who received radiotherapy alone. The most frequently occurring acute adverse events related to goserelin were hot flushes, sweating, or both (30 [8%] of 366 patients had a grade 2 or worse event; 30 patients [8%] had hot flushes and five
patients [1%] had sweating in the radiotherapy plus goserelin group vs none of 372 patients in the radiotherapy alone group). Three (8%) of 366 patients had grade 3 or worse hot flushes and one patient had grade 3 or worse sweating in the radiotherapy plus goserelin group versus none of 372 patients in the radiotherapy alone group. The most common late adverse events of grade 3 or worse were genitourinary events (29 [8%] in the radiotherapy alone group vs 26 [7%] in the radiotherapy plus goserelin group) and sexual disorders (20 [5%] vs 30 [8%]). No treatment-related deaths occurred. Interpretation Adding short-term androgen suppression to salvage radiotherapy benefits men who have had radical prostatectomy and whose PSA rises after a postsurgical period when it is undetectable. Radiotherapy combined with short-term androgen suppression could be considered as a reasonable option in this population. Funding French Ministry of Health, AstraZeneca, and La Ligue Contre le Cancer.

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Publisher
Lancet Publishing Group

794.
Erectile dysfunction and lower urinary tract symptoms associated with benign prostatic hyperplasia (LUTS/BPH) combined responders to tadalafil after 12 weeks of treatment.
Roehrborn CG, Egan KB, Miner MM, Ni X, Wong DG, Rosen RC

EBM Reviews - Cochrane Central Register of Controlled Trials

[Journal: Article]
AN: CN-01166361 NEW
Objective: To analyse the proportion of men taking tadalafil 5 mg once daily who experience a combined improvement in symptoms of both erectile dysfunction (ED) and lower urinary tract symptoms associated with benign prostatic hyperplasia (LUTS/BPH). Materials and Methods: The data from men aged >45 years randomized to tadalafil 5 mg once daily or placebo enrolled in one of four randomized, placebo-controlled LUTS/BPH clinical trials were analysed (N = 927). A novel classification of 'combined responders' to ED and LUTS/BPH treatment was defined, based on published criteria for men who showed improvement in both International Index of Erectile Function - Erectile Function domain (IIIEF-EF) score and total International Prostate Symptom
Score (IPSS). Descriptive analyses assessed the covariate distribution by responder status. Unadjusted and adjusted logistic regressions provided odds ratios with 95% confidence intervals comparing combined responders with all others (partial and non-responders). Results: Among men randomized to tadalafil 5 mg, 40.5% were combined responders (n = 189). Among placebo randomized men, 18.3% were combined responders (n = 84). Combined responders, in the total population, had the highest baseline IPSS and lowest baseline IIEF-EF scores, corresponding to the highest level of dysfunction. The majority of men were aged <65 years, white, non-obese, non-smokers, and regular alcohol consumers. Only treatment, baseline IPSS, baseline IIEF-EF, obesity and psychoactive medication use were significantly associated with responder status (P < 0.05). Tadalafil-treated men had 2.8 times significantly increased adjusted odds of being combined responders vs non-responders (P < 0.001). For each unit decrease in baseline IIEF-EF or alcoholic drink consumption per week there was a 4% significant increase in the adjusted odds of being a combined responder to tadalafil therapy. Conclusions: This novel measure of combined response is useful in differentiating patients with clinically relevant symptom improvement for both ED and LUTS/BPH after treatment with tadalafil 5 mg once daily vs placebo. This combined responder measure may be useful in future assessment of treatment benefits across patient groups after various types of treatment intervention (e.g. surgical vs pharmacotherapy vs non-pharmacological intervention).

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Publisher
Blackwell Publishing Ltd

795.
Antihypertensive medications and sexual function in women: Baseline data from the SBP intervention trial (SPRINT).
Thomas HN, Evans GW, Berlowitz DR, Chertow GM, Conroy MB, Foy CG, Glasser SP, Lewis CE, Riley WT, Russell L, Williams O, Hess R
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01158551 NEW
Objectives: Hypertension is a risk factor for the development of cardiovascular and kidney disease, but treatment can substantially reduce risks. Many patients avoid antihypertensive medications because of fear of side-effects. Although associations between antihypertensives and sexual dysfunction in men have been documented, it remains unclear whether antihypertensives are associated with sexual dysfunction in women. We conducted a cross-sectional analysis of baseline data from women in the Systolic Blood Pressure Intervention Trial (SPRINT) to evaluate the relations among class of antihypertensive medication and the outcomes: sexual activity and sexual function. Methods: SPRINT enrolled individuals 50 and older with hypertension at high risk for cardiovascular disease. A subset of participants completed questionnaires regarding quality of life, including sexual function. Antihypertensive class was determined by medications taken at baseline. Results: Of 690 women in the quality of life subset of SPRINT, 183 (26.5%) were sexually active. There were no significant differences in sexual activity among women taking one or more antihypertensives and women not taking any. Women taking an angiotensin-converting enzyme inhibitor or angiotensin receptor blocker had higher odds of sexual activity [odds ratio 1.66 (1.12-4.27), P = 0.011]. Among sexually active women, the prevalence of sexual dysfunction was high (52.5%). No class of medication was associated with sexual dysfunction in the multivariable model. Conclusion: Angiotensin-converting enzyme inhibitor or angiotensin receptor blocker use was associated with higher odds of sexual activity. Although prevalence of sexual dysfunction was high, no single class of antihypertensive medication was associated with sexual dysfunction.

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Publisher
Lippincott Williams and Wilkins

796.
Erectile and ejaculatory function preserved with convective water vapor energy treatment of lower urinary tract symptoms secondary to benign prostatic hyperplasia: Randomized controlled study.
EBM Reviews - Cochrane Central Register of Controlled Trials
Introduction: Most surgical treatments for male lower urinary tract symptoms and benign prostatic hyperplasia affect erectile and ejaculatory functions negatively, leading to patient dissatisfaction.

Aim: To determine whether water vapor thermal therapy, when conducted in a randomized controlled trial, would significantly improve lower urinary tract symptoms secondary to benign prostatic hyperplasia and urinary flow rate while preserving erectile and ejaculatory functions.

Methods: Men at least 50 years old with International Prostate Symptom Scores of at least 13, a peak flow rate of at least 5 to no higher than 15 mL/s, and prostate volume of 30 to 80 cm\(^3\) were randomized 2:1 between Rezum System thermal therapy and control. Thermal water vapor (103\(^\circ\)C) was injected into lateral and median lobes as required for treatment of benign prostatic hyperplasia. The control procedure entailed rigid cystoscopy with simulated active treatment sounds. Main Outcome Measures: Blinded group (active = 136, control = 61) comparison occurred at 3 months and the active arm was followed to 12 months for International Prostate Symptom Score, peak flow rate, and sexual function using the International Index of Erectile Function and the Male Sexual Health Questionnaire for Ejaculatory Function. The minimal clinically important difference in erectile function perceived by subjects as beneficial was determined for each erectile function severity category. Subjects not sexually active were censored from sexual function analysis. Results: No treatment- or device-related de novo erectile dysfunction occurred after thermal therapy. International Index of Erectile Function and Male Sexual Health Questionnaire for Ejaculatory Function scores were not different from the control group at 3 months or from baseline at 1 year. Ejaculatory bother score improved 31% over baseline (P = .0011). Also, 32% of subjects achieved minimal clinically important differences in erectile function scores at 3 months, and 27% at 1 year, including those with moderate to severe erectile dysfunction. International Prostate Symptom Score and peak flow rate were significantly superior to controls at 3 months and throughout 1 year (P < .0001). Conclusion: Convective water vapor thermal therapy provides sustainable improvements for 12 months to lower urinary tract symptoms and urinary flow while preserving erectile and ejaculatory functions.

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Publisher
Elsevier
BPH6 trial two year results: The multi-national, prospective, randomised study of the Prostatic Urethral Lift (PUL) compared to transurethral resection of the prostate (TURP).
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Conference Abstract]
AN: CN-01160318 NEW

Introduction and Objectives: The Prostatic Urethral Lift (PUL) is a less invasive alternative that may overcome the limitations of traditional transurethral resection of the prostate (TURP) for lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH). We present the 2 year results of a randomised, controlled trial comparing PUL to TURP. Methods: Eighty men with BPH LUTS were randomised at 10 European centers to either PUL (N = 45) or standard TURP (N = 35). The PUL procedure involves transurethrally placing permanent UroLift implants into the lateral lobes of the prostate to open the urethra and reduce obstruction. The new BPH6 endpoint measures symptom relief, quality of recovery, erectile function, ejaculatory function, continence preservation, and safety. Patients were assessed at 2 years for response on the BPH6 endpoint and for changes in International Prostate Symptom Score (IPSS), quality of life, BPH Impact Index, peak flow rate, Sexual Health Inventory for Men (SHIM), and Male Sexual Health Questionnaire for Ejaculatory Dysfunction (MSHQ-EjD). Results: At 2 years, a significantly greater number of PUL subjects than TURP subjects responded on the BPH6 primary endpoint (46% PUL vs. 22% TURP, p = 0.05). IPSS improvement was significant in both PUL (-9.2 +/- 9.2) and TURP (-15.3 +/- 7.5) arms through 2 years, although TURP IPSS improvement was significantly better than PUL. Quality of life and BPH Impact Index were also significantly improved in both arms (Table 1). Erectile function was preserved in both arms, while ejaculatory function was significantly compromised in the TURP arm. Conclusions: PUL resulted in superior quality of recovery and ejaculatory function compared to TURP. TURP was superior to PUL in reducing IPSS and improving peak flow rate. Consistent with the previously published 1 year results, the PUL procedure demonstrated superiority to TURP at 2 years on the BPH6 endpoint. The BPH6 study is the first prospective, randomised trial comparing PUL with TURP and may
provide insight into the patient experience in terms of safety, sexual function preservation and quality of recovery. (Table Presented).

Institution
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Publisher
Blackwell Publishing Ltd

798.
Dorsal onlay urethroplasty for membranous urethral strictures: Urinary and erectile functional outcomes.
Blakely S, Caza T, Landas S, Nikolavsky D
EBM Reviews - Cochrane Central Register of Controlled Trials
[Journal: Article]
AN: CN-01154142 NEW
Purpose We evaluated urinary and erectile functional outcomes after dorsal onlay urethroplasty for bulbomembranous urethral strictures. Our aim was to understand the functional implications of dissection of the posterior urethra. Materials and Methods We report on men who underwent membranous urethral stricture repair by buccal mucosal graft dorsal onlay substitution urethroplasty. Continence and erectile function were assessed preoperatively and postoperatively. Tissue routinely excised from the intercrural space during dissection of the dorsal aspect of the membranous urethra was evaluated for scar, striated muscle and nerves. Results A total of 16 consecutive men with a mean age of 48.3 years (range 26 to 72) who had strictures with a mean length of 56 mm (range 15 to 170) involving the membranous urethra were included in analysis. Of the 16 men 15 were continent preoperatively and remained continent postoperatively. Three of 10 men (30%) with a preoperative SHIM (Sexual Health Inventory for Men) score of 17 to 25 had a decrease after urethroplasty. All 16 men had an improved maximum urinary flow rate with a mean improvement of 22 ml per second. I-PSS (International Prostate Symptom Score) improved from a median of 23 to 4 postoperatively with a median bother score improvement of 5 to 0. Histopathological assessment identified striated muscle and nerves in 6 (46%) and 9 (69%) of 13 specimens. Overall nerves and muscle comprised an average of less than 15% of the specimen. Conclusions The dorsal onlay technique with a buccal mucosal graft for membranous urethral stricture repair does not compromise continence or erectile function in
most patients. Dissection at the level of the membranous urethra should be limited because striated muscle and cavernous nerves are present.

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Publisher
Elsevier Inc.

799.
A pilot trial of a sexual health counseling intervention for HIV-positive gay and bisexual men who report anal sex without condoms.


EBM Reviews - Cochrane Central Register of Controlled Trials


[Journal: Article]

AN: CN-01154488 NEW

Background Even in the presence of promising biomedical treatment as prevention, HIV incidence among men who have sex with men has not always decreased. Counseling interventions, therefore, continue to play an important role in reducing HIV sexual transmission behaviors among gay and bisexual men and other men who have sex with men. The present study evaluated effects of a small-group counseling intervention on psychosocial outcomes and HIV sexual risk behavior. Method HIV-positive (HIV+) peer counselors administered seven 2-hour counseling sessions to groups of 5 to 8 HIV+ gay and bisexual men. The intervention employed information provision, motivational interviewing, and behavioral skills building to reduce sexual transmission risk behaviors. Results There was a significant reduction in condomless anal sex (CAS) with HIV-negative and unknown HIV-status partners, from 50.0% at baseline to 28.9% of the sample at 3-month follow-up. Findings were robust even when controlling for whether the participant had an undetectable viral load at baseline. Significant reductions were also found in the two secondary psychosocial outcomes, loneliness and sexual compulsivity. Conclusions The findings provide preliminary evidence that this intervention may offer an efficient way of concurrently reducing CAS and mental health problems, such as sexual compulsivity and loneliness, for HIV+ gay and bisexual men.
Mid-term results using aquablation, an image guided robot-assisted water jet ablation of the prostate, for the treatment of benign prostatic hyperplasia (BPH).

Gilling P, Anderson P, Tan A, Desai M

EBM Reviews - Cochrane Central Register of Controlled Trials

CONFERENCE END: 2016 May 10, 2016 Annual Meeting of the American Urological Association, AUA San Diego, CA United States.,

[Journal: Conference Abstract]

AN: CN-01142655  NEW

INTRODUCTION AND OBJECTIVES: The mid-term results from the multicenter clinical experience of the use of Aquablation to treat lower urinary tract symptoms secondary to BPH are reported. The AquaBeam System is an image-guided robotic system delivering Aquablation, a minimally invasive waterjet therapy for the targeted removal of prostate tissue without the production of heat. Using the real-time transrectal ultrasound image and an integrated conformal planning station, the target region of the prostate is identified and the contour and depth of resection are programmed into the system by the surgeon.

METHODS: Men over 50 years of age with an International Prostate Symptom Score (IPSS) greater than 12, a maximum flow rate of 12 ml/sec, and a prostate volume of 25 - 100 ml were treated using the AquaBeam System (PROCEPT BioRobotics, Redwood Shores, CA). Clinical parameters and safety were assessed out to 1 year after surgery. RESULTS: A total of fifty-seven males were enrolled at four centers and treated with Aquablation. The mean age was 69 +/- 7 years with a mean prostate size of 48 +/- 20 ml and the presence of a median lobe was noted in twenty-six of the fifty-seven (46%) patients. All procedures were technically successful with a mean total operative time of 38 +/- 15 minutes and Aquablation resection time of 7 +/- 5 minutes. There were no intra-operative complications and adverse events were typically mild and transient. Other peri-operative complications were comparable to those observed with other available BPH therapies. There were no procedure related cases of retrograde ejaculation, urinary incontinence, or erectile dysfunction. At the time of this report, fifty one subjects and thirty three subjects had completed their six-month and one-year follow up, respectively. At six month and one year follow up,
statistically significant improvement was observed in IPSS, QoL, Qmax, and PVR. IPSS reduced from 22.9 to 6.8, QoL from 5.0 - 1.6, PVR from 105 - 57 ml, and Qmax improved from 7.8 - 16.7 ml/s from baseline to 12 months. Prostate size reduced to 30 ml at six months. CONCLUSIONS: The results of this multicenter experience are promising and Aquablation appears to be safe, feasible, and efficient. The outcomes of this multicenter study support further research in a prospective randomized controlled clinical trial.

Institution
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Publisher
Elsevier Inc.

801.
Single-center experience utilizing second generation aquabeam system for the targeted, heat-free removal of prostate tissue, during the treatment of BPH.
Laddha A, Mishra S, Desai M, Sabnis R, Singh A
EBM Reviews - Cochrane Central Register of Controlled Trials
AN: CN-01142656  NEW

INTRODUCTION AND OBJECTIVES: We previously reported on our initial clinical experience in 9 patients using the first generation minimally invasive waterjet therapy (Aquabeam, Procept Biorobotics) for the athermal, targeted removal of prostate adenoma. Herein, we report the initial clinical series using the second generation AquaBeam System in patients with lower urinary tract symptoms secondary to BPH. METHODS: The second generation platform maintains the primary functionality of the high-velocity saline stream for ablation of the prostatic adenoma. Modifications were made to streamline the procedure including the integration of the ultrasound image directly into the AquaBeam planning unit and cystoscopy in the handpiece, the addition of an integrated pump for active aspiration, and the elimination of laser cautery. In this study, men over 50 years of age with an International Prostate Symptom Score (IPSS) greater than 12, a maximum flow rate of 15 ml/sec, and a prostate volume of 25 - 100 ml were treated. Clinical parameters and safety are assessed out to 1 year after surgery. RESULTS: Twenty males with symptomatic BPH
were enrolled and treated under spinal or general anesthesia. Monitored data are available on all twenty males treated with seventeen patients now followed through six months. The mean age was 66 +/- 6 years with a mean prostate size of 40 +/- 18 ml (range of 23 - 91), mean PSA of 2.7 +/- 2.5 mg/L and the presence of a median lobe in 7 of the twenty (35%) patients. All procedures were technically successful and no cautery was required in any of the cases with a mean total operative time of 31 +/- 8 minutes and Aquablation resection time of 4 +/- 3 minutes. There were no intra-operative complications and adverse events were typically mild and transient. At six month follow up, IPSS reduced from 24.1 to 4.6, QoL from 4.7 to 0.2, PVR from 82 to 16 ml, and Qmax improved from 6.9 to 15.2 ml/sec from baseline. Prostate volume and PSA reduced to 23 ml and 1.49 mg/L, respectively, at six month from baseline. There were no procedure related cases of retrograde ejaculation, urinary incontinence, or erectile dysfunction. CONCLUSIONS: The functional results of this single-center experience are promising and demonstrated procedural improvements in mean operative and Aquablation times when compared to our initial clinical experience. The clinical and procedural outcomes observed during this clinical experience support further research in a prospective randomized controlled clinical trial.

Institution
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Publisher
Elsevier Inc.

802.
Treatment of lower urinary tract symptoms due to benign prostatic hyperplasia with convective water vapor energy ablation: Preserved erectile and ejaculatory function.

EBM Reviews - Cochrane Central Register of Controlled Trials
CONFERENCE END: 2016 May 10, 2016 Annual Meeting of the American Urological Association, AUA San Diego, CA United States.,
[Journal: Conference Abstract]
AN: CN-01142657  NEW
INTRODUCTION AND OBJECTIVES: To report the prospective analysis of sexual function evaluated in a randomized controlled study of transurethral prostate convective water vapor
thermal energy (Rezum System) to treat lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH). RF-generated wet thermal energy (water vapor), dispersed by convection can be targeted to defined prostate zones including the median lobe to achieve rapid tissue ablation. METHODS: Men >50 years old with IPSS > 13, Qmax <15 ml/ s, prostates of 30-80 cc were stratified by International Prostate Symptom Score (IPSS) severity and randomized 2:1 to thermal therapy with the Rezum System and control. The control procedure was rigid cystoscopy with mimicked active treatment sounds. A wash-out period was required for all daily use of drugs for LUTS and/or erectile dysfunction (ED). The blinded group was compared at 3 months and treatment group evaluated over 1 year for LUTS with IPSS, flow rate (Qmax) and sexual function with the International Index of Erectile Function (IIEF-EF) and the Male Sexual Health Questionnaire for Ejaculatory Dysfunction (MSHQ-EjD). RESULTS: 197 men were randomized. LUTS improved 11 points in the active group (N=136) at 3 months vs. 4.3 points for control group (N=61), p<0.0001. In men with severe LUTS (IPSS >19), 85% achieved > 30% reduction in symptoms. Qmax increased 68% (6.2 ml/ s) at 3 months vs. no change in controls (p <0.0001). These improvements were sustained in 96% of treated subjects who completed their 1-year follow-up (p<0.0001). At study entry, 52% of treatment subjects had a history of erectile dysfunction (ED) and 26% had decreased stoppage ejaculation. Only sexually active men (91/136) 67% were included in the sexual function analyses. In these, the IIEF-EF baseline mean was 17.2 (30 max score) and the MSHQ-EjD mean was 7.8 (15 max). There were no clinically meaningful negative changes in scores over 12 months. Modest decreases in ejaculatory volume occurred in 6 men (4.4%), anejaculation in 4 men (2.9%). No de novo ED was reported.

CONCLUSIONS: Conservation of sexual function is a fundamental QOL issue for men contemplating a nonsurgical treatment options for LUTS/ BPH. Convective water vapor thermal energy therapy is a minimally invasive treatment that provides rapid and durable LUTS improvements and no clinically significant changes in erectile and ejaculatory function. The thermal energy treatment was developed for in-office use and shown to be applicable to treatment of all prostate zones including median lobes.

Institution
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Publisher
Elsevier Inc.

803.
Multi-national, prospective, randomized study of the prostatic urethral lift (PUL) vs. transurethral resection of the prostate (TURP): Two year results.


EBM Reviews - Cochrane Central Register of Controlled Trials

CONFERENCE END: 2016 May 10, 2016 Annual Meeting of the American Urological Association, AUA San Diego, CA United States.,

[Journal: Conference Abstract]

INTRODUCTION AND OBJECTIVES: TURP is the gold standard therapy for lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH) and offers significant symptom relief and flow rate improvement. TURP can be associated with complications such as incontinence, sexual dysfunction and a lengthy recovery period. The Prostatic Urethral Lift (PUL) is a less invasive alternative that may overcome these limitations. We present the 2 year results of a randomized, controlled trial comparing PUL to TURP. METHODS: At 10 European centers, 80 men with BPH LUTS were randomized to either PUL (N=45) or standard TURP (N=35). PUL procedure entails transurethrally placing small permanent UroLift implants into the lateral lobes of the prostate to reduce obstruction. The BPH6 endpoint, which measures symptom relief, quality of recovery, erectile function, ejaculatory function, continence preservation, and safety was assessed at 2 years. Secondary evaluations considered International Prostate Symptom Score (IPSS), quality of life, BPH Impact Index, peak flow rate, Sexual Health Inventory for Men (SHIM), and Male Sexual Health Questionnaire for Ejaculatory Dysfunction (MSHQ-EjD). RESULTS: IPSS improvement was significant in both PUL (-9.2+/−9.2) and TURP (-15.3+/−7.5) arms through 2 years. Quality of life and BPH Impact Index were also significantly improved in both arms (Table 1). TURP IPSS and peak flow rate improvement was significantly better than PUL. Erectile function was preserved in both arms, while ejaculatory function was significantly compromised in the TURP arm. At 2 years, a significantly greater number of PUL subjects than TURP subjects responded on the BPH6 primary endpoint (46% PUL vs 22% TURP, p=0.05). CONCLUSIONS: Consistent with the previously published 1 year results, the PUL procedure demonstrated superiority to TURP at 2 years on the BPH6 endpoint. TURP was superior to PUL in reducing IPSS and improving peak flow rate. PUL resulted in superior quality of recovery and ejaculatory function. The BPH6 study is the first prospective, randomized trial comparing PUL with TURP and offers a unique opportunity to directly compare these therapies on patient-driven outcomes such as sexual function preservation and recovery experience. (Table Presented).

Institution
J. Sonsken, HerlevDenmark
INTRODUCTION & OBJECTIVES: To report the one year follow up of our multicenter clinical experience using Aquablation, a novel image guided water-jet tissue ablation for prostatic adenoma, in males with BPH. MATERIAL & METHODS: The AquaBeam System (PROCEPT BioRobotics, Redwood Shores, CA) delivers Aquablation, a high-velocity saline stream under precise electromechanical control and live ultrasound guidance to ablate prostatic glandular tissue without the production of heat. Using the real-time transrectal ultrasound image and an integrated conformal planning unit, the target region for excision is registered within the prostate and the target tissue contour and depth are programmed by the surgeon. The AquaBeam System delivers a controlled resection ablating the prostatic tissue accurately by following the programmed routine, and the ablated prostatic tissue is simultaneously collected for post-procedure analysis. Focal electrocautery is used for hemostasis as required. RESULTS: Twenty-one males with symptomatic BPH were enrolled and treated with Aquablation under general anesthesia. Monitored data are available on all twenty-one males treated with twenty patients followed through twelve months. The mean age was 70 +/- 5 years (range 62 - 78) with a mean prostate size of 57 +/- 19 ml (range 30 - 102) and the presence of a median lobe in twelve of the twenty-one (57%) patients. All procedures were technically successful with a mean total operative time of 38 +/- 9 minutes (range 23 to 56) and Aquablation resection time of 5 +/- 3 minutes (range 1 to 22). All patients were catheterized post-procedure and catheters were removed within 24 hours in twenty of twenty-one patients with a median catheterization time of one day. Hemoglobin reduced by 5.6% from 143 to 135 g/l at time of discharge. There were no intra-operative
complications and adverse events were typically mild and transient. Other peri-operative complications were comparable to those observed with other available BPH therapies. There were no procedure related cases of retrograde ejaculation, urinary incontinence, or erectile dysfunction. At twelve month follow-up, statistically significant improvement was observed in IPSS, Qmax, QoL, and PVR. The IPSS improved from 23.0 to 6.8, Qmax from 8.6 to 18.3 ml/s, QoL from 5.0 to 1.7, and PVR from 143 to 54 ml. Prostate size reduced to 35 ml and Pdet@Qmax decreased from 65 to 39 cmH²O. CONCLUSIONS: The results of this multicenter experience are promising and Aquablation appears to be safe and feasible. Further clinical research in a randomized, controlled clinical study is warranted to validate this clinical experience.

Institution
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Publisher
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805.
Two year results of the BPH6 trial: A multi-center, prospective, randomized study of the prostatic urethral lift (PUL) vs transurethral resection of the prostate (TURP).

EBM Reviews - Cochrane Central Register of Controlled Trials

European Urology, Supplements. 15 (3):e1076+e1076a, CONFERENCE START: 2016 Mar 11
CONFERENCE END: 2016 Mar 15, 31st Annual Congress of the European Association of Urology, EAU16 Munich Germany.,

[Journal: Conference Abstract]

AN: CN-01142783 NEW

INTRODUCTION & OBJECTIVES: The Prostatic Urethral Lift (PUL) is a less invasive alternative to the gold standard transurethral resection of the prostate (TURP) for the treatment of lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH). While TURP offers the greatest impact on LUTS and flow rate, it can be associated with significant complications such as incontinence, sexual dysfunction and a lengthy recovery period. PUL may overcome these limitations. We present the 2 year results of a randomized, controlled trial comparing PUL to TURP. MATERIAL & METHODS: 80 men with BPH LUTS were randomized to
either PUL (N=45) or TURP (N=35) and treated at 10 European centers. PUL involves small permanent UroLift implants that are placed transurethrally to retract the lateral lobes of the prostate and reduce obstruction. TURP was conducted in standard fashion. The BPH6 endpoint, which measures symptom relief, quality of recovery, erectile function, ejaculatory function, continence preservation, and safety was assessed at 2 year. Secondary analyses included comparison of treatment groups with respect to International Prostate Symptom Score (IPSS), quality of life, BPH Impact Index, peak flow rate (Qmax), Sexual Health Inventory for Men (SHIM), and Male Sexual Health Questionnaire for Ejaculatory Dysfunction (MSHQ-EjD). RESULTS: At 2 years, IPSS improvement was significant in both PUL (-9.2+/-.9.2) and TURP (-15.3+/-.7.5) arms. Quality of life and BPH Impact Index were also significantly improved in both arms (Table 1). When assessed at 2 years, a significantly greater number of PUL subjects than TURP subjects responded on the BPH6 primary endpoint (46% PUL vs 22% TURP, p=0.05). TURP IPSS improvement was significantly better than PUL. Erectile function was preserved in both arms, while ejaculatory function was significantly compromised in the TURP arm. Table 1: BPH6 responder endpoint includes domains of effectiveness, quality of recovery, sexual function, continence, and safety. CONCLUSIONS: The BPH6 study is the first prospective, randomized trial comparing PUL with TURP. Consistent with the previously published 1 year results, the PUL procedure demonstrated superiority to TURP at 2 years on the BPH6 endpoint. TURP was superior to PUL in reducing IPSS and improving peak flow rate. PUL resulted in superior quality of recovery and ejaculatory function. (Table Presented).

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Publisher
Elsevier

806.
The efficiency and safety of tramadol, paroxetine and placebo in treatment of life long premature ejaculation.
EBM Reviews - Cochrane Central Register of Controlled Trials
CONFERENCE END: 2016 Mar 15, 31st Annual Congress of the European Association of Urology, EAU16 Munich Germany.
INTRODUCTION & OBJECTIVES: Premature ejaculation (PE) is the most common sexual dysfunction in men. Several drugs have been proposed for the treatment of PE that includes alpha-adrenergic inhibitors, MAO blockers, antidepressants, local anesthetic agents, PDE-5 inhibitor and etc. Some studies have been stated that Paroxetine is the most effective SSRIs. In few studies, tramadol has been used to treat PE. Considering the high incidence of PE in men and lack of consensus on its treatment, we decided to compare the therapeutic effects of tramadol, paroxetine and placebo in the treatment of primary PE.

MATERIAL & METHODS: In this randomized, double-blind, placebo-controlled clinical trial, 150 patients were randomly divided into 3 groups. One group was treated with tramadol 50 mg, the other group took paroxetine 20 mg and the third group was treated with placebo. Before starting treatment and after 12 weeks, patients were asked to measure their average intravaginal ejaculation latency time (IELT) and fill the PEP (Premature Ejaculation Profile) questionnaire. After collecting the data, they were recorded in SPSS version 19 and were analyzed.

RESULTS: Patients in the 3 groups in baseline characteristics, including mean age, IELT and PEP were similar at the beginning of the study and there was no clinically significant difference in the 3 groups (P>0.05). 126 patients completed the study period. At the end of the 12th week, the mean IELT and average of PEP scores increased in all 3 groups. These changes in tramadol group were significantly higher than the paroxetine and placebo groups (P<0.0001). There were no significant differences in terms of side effects between the 3 groups.

CONCLUSIONS: The results showed that despite an increase in mean IELT and PEP scores in all 3 groups, the rate of improvement in tramadol group was considerably more than the other groups. Thus, Tramadol may be considered as an appropriate alternative therapeutic for long-life PE.
Pulsatile gonadotropin-releasing hormone therapy is associated with earlier spermatogenesis compared to combined gonadotropin therapy in patients with congenital hypogonadotrophic hypogonadism.

Mao JF; Liu ZX; Nie M; Wang X; Xu HL; Huang BK; Zheng JJ; Min L; Kaiser UB; Wu XY.

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Asian Journal of Andrology. , 2016 Dec 27.
[Journal Article]
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Both pulsatile gonadotropin-releasing hormone (GnRH) infusion and combined gonadotropin therapy (human chorionic gonadotropin and human menopausal gonadotropin [HCG/HMG]) are effective to induce spermatogenesis in male patients with congenital hypogonadotropic hypogonadism (CHH). However, evidence is lacking as to which treatment strategy is better. This retrospective cohort study included 202 patients with CHH: twenty had received pulsatile GnRH and 182 had received HCG/HMG. Patients had received therapy for at least 12 months. The total follow-up time was 15.6 +/- 5.0 months (range: 12-27 months) for the GnRH group and 28.7 +/- 13.0 months (range: 12-66 months) for the HCG/HMG group. The median time to first sperm appearance was 6 months (95% confidence interval [CI]: 1.6-10.4) in the GnRH group versus 18 months (95% CI: 16.4-20.0) in the HCG/HMG group (P < 0.001). The median time to achieve sperm concentrations >5 x 10^6 ml-1 was 14 months (95% CI: 5.8-22.2) in the GnRH group versus 27 months (95% CI: 18.9-35.1) in the HCG/HMG group (P < 0.001), and the median time to concentrations >10 x 10^6 ml-1 was 18 months (95% CI: 10.0-26.0) in the GnRH group versus 39 months (95% CI unknown) in the HCG/HMG group. Compared to the GnRH group, the HCG/HMG group required longer treatment periods to achieve testicular sizes of >4 ml, >8 ml, >12 ml, and >16 ml. Sperm motility (a + b + c percentage) evaluated in semen samples with concentrations >1 x 10^6 ml-1 was 43.7% +/- 20.4% (16 samples) in the GnRH group versus 43.2% +/- 18.1% (153 samples) in the HCG/HMG group (P = 0.921). Notably, during follow-up, the GnRH group had lower serum testosterone levels than the HCG/HMG group (8.3 +/- 4.6 vs 16.2 +/- 8.2 nmol l-1, P < 0.001). Our study found that pulsatile GnRH therapy was associated with earlier spermatogenesis and larger testicular size compared to combined gonadotropin therapy. Additional prospective randomized studies would be required to confirm these findings.

Status
Publisher
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808.
Saunders PA; Franco T; Sottas C; Maurice T; Ganem G; Veyrunes F.
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Scientific Reports. 6:22881, 2016 03 11.
Most sex differences in phenotype are controlled by gonadal hormones, but recent work on laboratory strain mice that present discordant chromosomal and gonadal sex showed that sex chromosome complement can have a direct influence on the establishment of sex-specific behaviours, independently from gonads. In this study, we analyse the behaviour of a rodent with naturally occurring sex reversal: the African pygmy mouse Mus minutoides, in which all males are XY, while females are of three types: XX, XX* or X*Y (the asterisk represents an unknown X-linked mutation preventing masculinisation of X*Y embryos). X*Y females show typical female anatomy and, interestingly, have greater breeding performances. We investigate the link between sex chromosome complement, behaviour and reproductive success in females by analysing several behavioural features that could potentially influence their fitness: female attractiveness, aggressiveness and anxiety. Despite sex chromosome complement was not found to impact male mate preferences, it does influence some aspects of both aggressiveness and anxiety: X(*)Y females are more aggressive than the XX and XX*, and show lower anxiogenic response to novelty, like males. We discuss how these behavioural differences might impact the breeding performances of females, and how the sex chromosome complement could shape the differences observed.
Current drug therapy of patients with BPH-LUTS with the special emphasis on PDE5 inhibitors. [Review]

Kolontarev K; Govorov A; Kasyan G; Priymak D; Pushkar D.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


INTRODUCTION: Benign prostatic hyperplasia (BPH) is the most common cause of lower urinary tract symptom (LUTS) development in men [1]. The intensity of the symptoms may vary from mild to severe, significantly affecting the quality of life. Erectile dysfunction (ED) is one of the most challenging issues in modern urology that significantly influences the quality of life in men worldwide. The objective of this literature review was to analyze the current drug therapies of patients with BPH-LUTS, with the special emphasis on PDE5 inhibitors.

MATERIAL AND METHODS: The authors searched the literature for the period from 2000 until 2015 in MEDLINE and PubMed.

RESULTS: Twenty-three articles were selected based on their reliability. A detailed analysis of the selected papers was performed. Primary attention was given to articles describing the use of PDE5. Works describing the use of different groups of drugs in patients with BPH-LUTS were also selected.

CONCLUSIONS: The current literature analysis suggests that the introduction of PDE5 inhibitors in clinical practice for the treatment of patients with BPH-LUTS will allow for significant expansion of the therapeutic options for the treatment of this disease.
810.
Development of Booklet on Male Sexual Dysfunction, its Measures and Assessing its Impact on Knowledge of Patients with Urological Cancers.
Chellayadhas JY; Achrekar MS; Bakshi G; Shetty R; Carvalho M.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 28083556
OBJECTIVE: Urological cancer and its surgeries have great impact on male sexuality which could have physical or emotional consequences. In India, speaking openly about the sexual matter is a taboo and an aspect considered forbidden. Therefore, the aim of the present study is to develop an information booklet about male sexual dysfunction and assess its impact on knowledge of patients with urological cancers.
METHODS: Information booklet was developed after literature review, and its content validity was established. Reliability of the questionnaire was 0.95. A randomized control trail using pre- and post-test design was used for 30 male urological cancer patients and was assigned to experimental group (15) who received information booklet and control group (15) who received standard treatment. Subjects in the experimental group were provided with opinionnaire during posttest. Data were analyzed using descriptive and inferential statistics.
RESULTS: In experimental group, 40% of the subjects were < 40 years, whereas 27% in the control group (P = 0.699). The pre- and post-mean difference score was significantly higher in experimental group (mean difference - 5) than control group (mean difference - 0.4). All subjects
(100%) opined that the information booklet was useful, adequate, self-explanatory, sequential, and clear.

CONCLUSIONS: Information in the booklet will help subjects to understand the common sexual problems after urological surgeries and help them to cope with the problems, thereby improving their quality of life.

Status
In-Data-Review

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20170113

Year of Publication
2016

811.
Infectious, atopic and inflammatory diseases, childhood adversities and familial aggregation are independently associated with the risk for mental disorders: Results from a large Swiss epidemiological study.

Ajdacic-Gross V; Aleksandrowicz A; Rodgers S; Mutsch M; Tesic A; Muller M; Kawohl W; Rossler W; Seifritz E; Castelao E; Strippoli MF; Vandeleur C; von Kanel R; Paolicelli R; Landolt MA; Witthauer C; Lieb R; Preisig M.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
AIM: To examine the associations between mental disorders and infectious, atopic, inflammatory diseases while adjusting for other risk factors.

METHODS: We used data from PsyCoLaus, a large Swiss Population Cohort Study (n = 3720; age range 35-66). Lifetime diagnoses of mental disorders were grouped into the following categories: Neurodevelopmental, anxiety (early and late onset), mood and substance disorders. They were regressed on infectious, atopic and other inflammatory diseases adjusting for sex, educational level, familial aggregation, childhood adversities and traumatic experiences in childhood. A multivariate logistic regression was applied to each group of disorders. In a complementary analysis interactions with sex were introduced via nested effects.

RESULTS: Associations with infectious, atopic and other chronic inflammatory diseases were observable together with consistent effects of childhood adversities and familial aggregation, and less consistent effects of trauma in each group of mental disorders. Streptococcal infections were associated with neurodevelopmental disorders (men), and measles/mumps/rubella-infections with early and late anxiety disorders (women). Gastric inflammatory diseases took effect in mood disorders (both sexes) and in early disorders (men). Similarly, irritable bowel syndrome was prominent in a sex-specific way in mood disorders in women, and, moreover, was associated with early and late anxiety disorders. Atopic diseases were associated with late anxiety disorders. Acne (associations with mood disorders in men) and psoriasis (associations with early anxiety disorders in men and mood disorders in women) contributed sex-specific results. Urinary tract infections were associated with mood disorders and, in addition, in a sex-specific way with late anxiety disorders (men), and neurodevelopmental and early anxiety disorders (women).

CONCLUSION: Infectious, atopic and inflammatory diseases are important risk factors for all groups of mental disorders. The sexual dimorphism of the associations is pronounced.
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2016
PURPOSE: The aim of this study was to determine the prevalence of lower urinary tract symptoms (LUTS) and the factors influencing the healthcare-seeking behavior of men with LUTS.

MATERIALS AND METHODS: A cross-sectional survey was performed of 658 men selected using multi-staged sampling techniques. They were interviewed about LUTS and their healthcare-seeking behavior. The data were analysed using PASW Statistics ver. 18. Associations between specific factors and healthcare-seeking behavior were examined using the chi-square and Fisher exact tests.

RESULTS: The overall prevalence of LUTS was 59.1%. Storage symptoms (48.2%) were more prevalent than voiding (36.8%) or post-micturition (29.9%) symptoms. Approximately a quarter (25.5%) had a poor quality of life (QoL) score. The average duration of symptoms before seeking help was 3.4 years. Almost half (46.8%) of the men with LUTS had never sought help. Perceptions of LUTS as an inevitable part of ageing, subjective feelings of wellness, financial constraints, and fear of surgery were the most common reasons for not seeking help. The most common reasons for seeking help were to moderate-severe symptoms, impaired QoL, and fear of cancer. Severe LUTS, impaired QoL, and the concomitant presence of erectile dysfunction, dysuria, or haematuria were clinical factors that positively influenced healthcare-seeking behavior.

CONCLUSIONS: In this population-based study, we found that the prevalence of LUTS was very high amongst adult males. However, only about half of these men sought medical attention. Their healthcare-seeking behavior was influenced by severity of symptoms, QoL scores, and socio-demographic factors such as educational status.
Effect of Testosterone Replacement Therapy on Cognitive Performance and Depression in Men with Testosterone Deficiency Syndrome.

Jung HJ; Shin HS.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 28053949

PURPOSE: We aimed to evaluate the effect of testosterone replacement therapy (TRT) on cognitive function and depression in men with testosterone deficiency syndrome.

MATERIALS AND METHODS: We carried out a prospective, placebo-controlled trial involving 106 men with total testosterone levels <3.3 ng/mL and symptoms of hypogonadism. Based on whether the patients received TRT (injection with 1,000 mg testosterone undecanoate) or a placebo (advice to modify lifestyle), the study population was divided into a TRT group (n=54) and a control group (n=52).
RESULTS: The age among patients in the TRT and control groups was 56.7+/−12.6 years and 57.8+/−11.4 years, respectively (p>0.05). At baseline, no significant differences between the TRT and control groups were noted regarding serum testosterone or prostate-specific antigen levels, or regarding the scores for aging symptoms (Aging Males’ Symptoms scale), erectile function (5-item International Index of Erectile Function questionnaire), cognitive function (Korean Mini-Mental State Examination), and depression (Beck Depression Inventory). At 8 months after intervention total serum testosterone levels and erectile function scores had significantly increased (p<0.05), whereas the scores for aging symptoms and depression had significantly decreased (p<0.05) in the TRT group; no significant improvement in any parameters was noted for the control group. Notably, significant improvement in cognitive function was noted among patients with cognitive impairment at baseline (cognitive function score <25) who received TRT.

CONCLUSIONS: TRT may be considered in men with testosterone deficiency syndrome if low testosterone levels are associated with depression or cognitive impairment.
Stem cells are undifferentiated cells that are capable of renewal and repair of tissue due to their capacity for division and differentiation. The purpose of this review is to describe recent advances in the use of stem cell (SC) therapy for male erectile dysfunction (ED). We performed a MEDLINE database search of all relevant articles regarding the use of SCs for ED. We present a concise summary of the scientific principles behind the usage of SC for ED. We discuss the different types of SCs, delivery methods, current pre-clinical literature, and published clinical trials. Four clinical trials employing SC for ED have been published. These articles are summarized in this review. All four report improvements in ED after SC therapy. SC therapy remains under investigation for the treatment of ED. It is reassuring that clinical trials thus far have reported positive effects on erectile function and few adverse events. Safety and methodical concerns about SC acquisition, preparation and delivery remain and require continued investigation prior to wide-spread application of these methods.

Status
In-Data-Review

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20170105

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2016

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Designing a national plan for improving sexual health in Iran: An experience of an Islamic country.
Damari B; Tabrizchi N; Riazi-Isfahani S.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27683648
BACKGROUND: Prevalence of sexual dysfunction varies from 20% to 40% in men and women in different studies in Iran. Despite its high prevalence, it seems that this issue has been neglected, particularly in Islamic countries. The aim of this study was to assess sexual health in Iran. This was a mixed method study.

METHODS: Data were collected through evaluating country’s sexual health programs and literature review. Sexual health status was drafted and formed following a sound analysis by stakeholders. After conducting interviews and focus group discussions, the main points of the meetings, influencing factors of the present status and oncoming strategies were obtained upon experts’ opinions.

RESULTS: Review of general policies and the literature showed that although there is adequate support for improving sexual health status in the country, sexual health status has been decreased in the last decade. Based on Iranian sexual health indicators and experts’ opinions, the focus points could be divided into the following groups: Structural and functional -political, legal-behavior, and cultural.

CONCLUSION: Breaking the taboo of sexual health issues would require attention from the policy makers especially in Islamic nations to facilitate the steps on the road to sexual health. In this regard, clarified vision, strategic goals and interventional policies are proposed. An inter-sectional cooperation is needed to implement interventions to promote sexual health status.

Status
PubMed-not-MEDLINE
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2016
We report a case of a unilateral testicular dislocation to the superficial inguinal region associated with a lateral compression type pelvic ring injury (OTA classification 61-C3.3a2, b2, c3) and left T-shaped acetabulum fracture (OTA classification 62-B2) in a 44-year-old male who was in a motorcycle accident. The testicular dislocation was noted during the emergency department primary survey, and its location and viability were verified with ultrasound. The testicle was isolated during surgical stabilization of the left acetabulum through a Pfannenstiel incision and modified-Stoppa approach and returned through the inguinal canal to the scrotum. In follow-up, the patient did not suffer urologic or sexual dysfunction. All motorcycle collision patients presenting with pelvic ring injuries or acetabulum fractures should be worked up for possible testicular dislocation with a scrotal exam. Advanced imaging and a urologic consult may be necessary to detect and treat these injuries.
Outcome of radical retropubic prostatectomy at the Lagos State University Teaching Hospital. Ikuerowo SO; Doherty AF; Bioku MJ; Abolarinwa AA; Adebayo AA; Oyeleke SO; Omisanjo OA. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27630388
BACKGROUND: Prostate cancer is the most commonly diagnosed cancer in men in Nigeria and most cases present when the disease is already in an advanced stage. Radical prostatectomy for early prostate cancer is therefore not a commonly performed operation by urologists in Nigeria. We have had training and significant experience in radical retropubic prostatectomy. We, therefore, report the outcome of our initial experience.
MATERIALS AND METHODS: We review the record of men with early prostate cancer who had radical retropubic prostatectomy in our institution from 2007 to 2015.
RESULTS: There were 34 men who had radical retropubic prostatectomy in the 8-year period of review. The youngest and oldest patients were aged 50 and 71 years, respectively. The mean age was 64.2 years. All the patients were diagnosed following 12-core ultrasound-guided transrectal prostate biopsy for elevated serum prostate specific antigen (PSA). The mean serum PSA was 15.3 (range 8.5-100.3) ng/ml. The disease was pT1, pT2, and pT3 in 6, 20, and 8 patients respectively. General anesthesia was employed in 28 (82.4%) patients and combined epidural and subarachnoid block anesthesia for 6 (17.6%) patients. The total duration of operation was 128-252 min (mean = 160 min). No blood transfusion was given in 5 (14.7%) patients while each of the remaining 29 (85.3%) patients had 2-5 units of blood intra- or post-
operatively. There was no perioperative mortality. Complications include operation-induced erectile dysfunction in 12 (35.3%), major urinary incontinence in 1 (2.9%), lymphocele in 2 (5.9%), and reoperation due to anastomotic leak and right ureteric injury in 1 (2.9%). After a median follow-up of 42 months, disease recurrence has occurred in 3 (8.8%) patients 1 (2.9%) of whom has died of diabetic renal failure.

CONCLUSION: Radical prostatectomy can be safely performed in men with early prostate cancer in Nigeria and should be offered to suitable patients.

Status
PubMed-not-MEDLINE

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818.

Metabolic Syndrome in Childhood: Rare Case of Alstrom Syndrome with Blindness.
Ahmad A; D'Souza B; Yadav C; Agarwal A; Kumar A; Nandini M; D'Souza V; Poornima AM; Kamath N.
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[Journal Article]
UI: 27605748
Alstrom's syndrome (AS) is a rare autosomal recessive ciliopathic condition affecting 1:10,00,000 children. It's a single gene disorder of ALMS1 on chromosome 2 with multisystem involvement with cone-rod retinal dystrophy causing juvenile blindness, obesity, insulin resistance, type 2 Diabetes mellitus, hypogonadism and sensorineural hearing loss. Till now only 800 patients with this disorder has been identified so far. In this report, we describe the case of a 9-year old male boy from south India. He had been initially referred for polyphagia, polyuria, polydipsia, generalized weakness from 1 weeks. On examination he was demonstrated features suggestive of AS, including blindness, obesity, type 2 diabetes, altered lipid profile, hypogonadism, acanthosis nigricans, seborrheic dermatitis, right ear discharge and episodes of respiratory tract infections. So, diagnosis of AS is critical as it can easily be overlooked because of the many features associated with metabolic syndrome starting at age 7, a relatively early age.
Status
PubMed-not-MEDLINE
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Infertility in men with inflammatory bowel disease. [Review]

Shin T; Okada H.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Review]

UI: 27602237

Inflammatory bowel disease (IBD) predominantly affects young adults. Fertility-related issues are therefore important in the management of patients with IBD. However, relatively modest attention has been paid to reproductive issues faced by men with IBD. To investigate the effects of IBD and its treatment on male fertility, we reviewed the current literature using a systematic search for published studies. A PubMed search were performed using the main search terms "IBD AND male infertility", "Crohn's disease AND male infertility", "ulcerative colitis AND male infertility". References in review articles were used if relevant. We noted that active inflammation, poor nutrition, alcohol use, smoking, medications, and surgery may cause infertility in men with IBD. In surgery such as proctocolectomy with ileal pouch-anal anastomosis, rectal incision seems to be
associated with sexual dysfunction. Of the medications used for IBD, sulfasalazine reversibly reduces male fertility. No other medications appear to affect male fertility significantly, although small studies suggested some adverse effects. There are limited data on the effects of drugs for IBD on male fertility and pregnancy outcomes; however, patients should be informed of the possible effects of paternal drug exposure. This review provides information on fertility-related issues in men with IBD and discusses treatment options.

Status
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Gap junctions are present in many cell types throughout the animal kingdom and allow fast intercellular electrical and chemical communication between neighboring cells. Connexin-36 (Cx36), the major neuronal gap junction protein, synchronizes cellular activity in the brain, but also in other organs. Here we identify a sex-specific role for Cx36 within the hypothalamic-pituitary-gonadal (HPG) axis at the level of the anterior pituitary gland (AP). We show that Cx36 is expressed in gonadotropes of the AP sustaining their synchronous activity. Cx36 ablation affects the entire downstream HPG axis in females, but not in males. We demonstrate that Cx36-mediated coupling between gonadotropes in the AP supports gonadotropin-releasing hormone-induced secretion of luteinizing hormone. Furthermore, we provide evidence for negative feedback regulation of Cx36 expression in the AP by estradiol. We thus, conclude that hormonally-controlled plasticity of gap junction communication at the level of the AP constitutes an additional mechanism affecting female reproduction.

Status
PubMed-not-MEDLINE

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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4988985
Testicular varicocele, which is defined as the dilation of the veins draining the testicle, has long been associated with a detrimental effect on testicular function. Despite a lack of high-quality, prospective data, recent evidence has shed light on potential links between varicocele and male infertility and serum testosterone levels. Similarly, varicocele repair has increasingly been shown to have a beneficial impact on pregnancy rates, semen parameters, and on improving serum testosterone in adult men. Numerous studies have assessed the optimal technique for varicocele repair and the bulk of the evidence has shown the microsurgical inguinal/subinguinal approach to have the highest success rates, the lowest overall complication rates, and the lowest recurrence rates. The management of varicocele in adolescents remains a clinical conundrum, but contemporary evidence suggests early deleterious effects of varicocele on testicular function in some patients. Well-designed prospective trials are critical to delineate the true impact and role of varicocele repair on male infertility and hypogonadism in adult and adolescent men.
Treatment satisfaction among men with concurrent benign prostatic hyperplasia and erectile dysfunction treated with tadalafil or other phosphodiesterase type-5 inhibitor combinations.

Lee LK; Goren A; Boytsov NN; Donatucci CF; McVary KT.

OBJECTIVE: Erectile dysfunction (ED) and benign prostatic hyperplasia (BPH) frequently co-occur in men aged >40, along with lower urinary tract symptoms (LUTS) secondary to BPH. Given little real-world evidence on treatment use or satisfaction with treatment for concurrent BPH/LUTS and/or ED, this study examined medication regimens and differences in satisfaction and health-related quality of life (HRQoL) across regimens among men with concurrent BPH and ED.

METHODS: A cross-sectional study was conducted using an Internet survey of participants recruited through an online panel. Respondents (N=736) included men (aged >40) who self-reported a diagnosis of both ED and BPH with prescription treatment in the past 3 months for both conditions. Treatment satisfaction (eg, convenience and ease of planning) and HRQoL (eg, International Prostate Symptom Score, sleep quality) were self-reported. Generalized linear models examined the association of regimen with treatment satisfaction and HRQoL, adjusting for covariates (eg, age and comorbidities).

RESULTS: Final analyses included participants (N=507) using: tadalafil once-daily monotherapy (22%), tadalafil for ED with an alternate BPH therapy (36%), or another phosphodiesterase type-5 inhibitor (PDE5-I) combination (41%). These groups represented the major categories of treatment regimens found in the sample, excluded participants with ambiguous regimens, and
were aligned with current standard of care for BPH and ED. Overall, patients reported moderate levels of BPH and a moderate-to-severe degree of ED. Tadalafil monotherapy patients had higher treatment satisfaction scores and greater reported ease of treatment planning and convenience than PDE5-I combination patients. No significant intergroup differences were found on HRQoL.

CONCLUSION: A majority of patients (59%) took tadalafil alone or in combination for BPH/ED treatment. Tadalafil monotherapy patients reported greater treatment satisfaction than patients taking PDE5-I combination therapy. Higher satisfaction for both effectiveness and convenience of once-daily tadalafil may inform both patient and clinician decisions regarding pharmacotherapy regimens.

Status
PubMed-not-MEDLINE

Authors Full Name
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PMID
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823.
An unusual case of adolescent type 2 diabetes mellitus: Prader-Willi syndrome.
Basheer R; Jalal MJ; Gomez R.

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Prader-Willi syndrome (PWS) is a complex genetic disorder, characterized by neonatal hypotonia, developmental delay, short stature, childhood obesity, hypogonadism, and characteristic facial features. Here we report a 21-year-old male who presented with uncontrolled glycemic status. He was diagnosed to have diabetes mellitus at the age of 15 with osmotic symptoms - polyuria, polydipsia, and polyphagia. In the early period, after diagnosis, his blood sugars were reasonably controlled with oral hypoglycemic agents. However, a year back, he was switched onto insulin therapy due to secondary OHA failure. On examination, his body mass index was 36 kg/m(2). He had bilateral gynecomastia, decreased biparietal diameter, almond shaped eyes with esotropia. He had hypogonadism and also had mild cognitive impairment. He did not have any proximal myopathy or other focal neurological deficits. Hormonal evaluation showed low testosterone and inappropriately normal fluorescence in situ hybridization suggestive of central hypogonadism. With fetal and neonatal hypotonia, delayed developmental milestones, hypogonadism, and early onset diabetes, he fulfilled the clinical criteria for the diagnosis of PWS. Multidisciplinary approach of clinicians together with family and social support are essential to bring out the optimal outcome for such syndromic cases.

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PubMed-not-MEDLINE
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4943134
Date Created
20160725
Year of Publication
2016
INTRODUCTION: The role of zinc is critical to reproduction potential. Seminal zinc is thought to be derived almost exclusively from prostatic secretions. Sperm motility is significantly influenced by zinc. Zinc deficiency has been linked with male sterility and subfertility.

AIM: To assess the influence of seminal plasma zinc on seminogram characteristics and whether endogenous testosterone affects the seminal levels of zinc.

MATERIALS AND METHODS: The semen samples were obtained from 150 male partners of infertile couples who attended the Reproductive Biology Unit of the Department of Physiology, within the age 21-50 years and semen samples were analysed for the routine seminogram parameters. All the subjects were classified into two main groups, A- the subjects with normal ejaculates (n=62) and B- the subjects with abnormal ejaculates, who were further sub divided into the following groups: i) Asthenoteratozoospermics (n=43); ii) Oligoasthenoteratozoospermics (n=24); and iii) Azoospermics (n=21). The seminal plasma zinc was measured spectrophotometrically. The sample for serum free testosterone was sent to Thyrocare laboratory.

RESULTS: The seminal plasma zinc was found to be significantly lower in the abnormal ejaculates than in the normal ejaculates. A statistically significant positive correlation was observed between the seminal plasma zinc and serum free testosterone (p<0.05, r=0.449). Statistically significant correlation was also found between seminal plasma zinc and all the seminogram parameters such as the sperm concentration, sperm motility and sperm morphology (p<0.05, r= 0.86, 0.87 and 0.86 respectively).

CONCLUSION: Low seminal plasma zinc might be a significant causative factor in impairing sperm functions and its dependence on endogenous free testosterone, is observed from a positive correlation between the two.
Ethylene-vinyl alcohol copolymer (Onyx()) transarterial embolization for post-traumatic high-flow priapism.

Chevallier O; Gehin S; Foahom-Kamwa A; Pottecher P; Favelier S; Loffroy R.

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[Journal Article]

UI: 27429919

We report a case of high-flow priapism treated successfully with superselective embolization of the cavernous artery. A 16-year-old male developed post-traumatic priapism subsequent to a fall causing blunt perineal trauma. He presented to our hospital four days after trauma. Immediately after the injury, he suffered painless sustained incomplete erection. High-flow priapism was diagnosed on the basis of color doppler ultrasonography findings. Computed tomography scan showed a high-flow arterio-venous fistula with feeders from branches of the right internal iliac artery. Selective arteriography of the right internal pudendal artery demonstrated an arterio-cavernous fistula. The fistula was superselectively embolized with ethylene-vinyl alcohol copolymer (Onyx()) liquid agent and disappeared completely. Improvement was noted, with significant detumescence on table. This was later confirmed on repeat color Doppler imaging. At follow-up 3 months later, he had normal erectile function. To our knowledge, transarterial embolization of high-flow priapism with Onyx() has never been reported and appears to be a safe and effective treatment for managing patients with such a condition.
826.
Erectile Dysfunction in Individuals with Neurologic Disability: A Hospital-based Cross-sectional Study.
Calabro RS; Gervasi G; Naro A; de Luca R; Marullo M; Bramanti P.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27413582
OBJECTIVE: Neurogenic erectile dysfunction can be broadly defined as an inability to sustain or maintain a penile erection due to neurologic impairment. Sexual problems can occur due to any lesion affecting the central and peripheral nervous system. The aim of this study was to evaluate the prevalence and causes of erectile dysfunction in a group of hospital inpatients suffering from neurologic disorders.

METHODS: Three-hundred and twenty six male patients admitted to the Neurorehabilitation Unit of IRCCS Centro Neurolesi "Bonino-Pulejo" in Messina Italy from March 2012 to June 2013 were screened for erectile dysfunction using the International Index of Erectile Function questionnaire. The patients who reported erectile dysfunction underwent vascular, neurophysiological, and hormonal testing, and were divided into two groups according to their lesion sites: G1 (lesions above the S2-S4 center) and G2 (lesions below the S2-S4 center).

RESULTS: Of the 326 admitted patients, 126 patients (38.6%), mean age of 54.56+/-11.74 years (age range 27-82 years), were affected by erectile dysfunction (i.e., scored <21). A statistically significant correlation between International Index of Erectile Function questionnaire scores and location of the neurologic lesions was observed in G2 (r=0.22) with an increased risk of erectile dysfunction of around 2:1 (odds ratio=1.87) without influences related to aging.

CONCLUSION: The occurrence of erectile dysfunction is significantly more prevalent among neurologically disabled men, particularly those with lesions below S2-S4, than among men without neurologic disability. Considering the prevalence of erectile dysfunction among neurologically disabled men, sexual functioning should be regularly evaluated during acute and long-term rehabilitation, and any existing sexual dysfunction should be addressed in the treatment plan.

Status
PubMed-not-MEDLINE
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Naro, Antonino. Drs. Calabro, Naro, de Luca, Marullo, and Bramanti are with the IRCCS Centro Neurolesi "Bonino Pulejo" in Messina, Italy; and Dr. Gervasi is with the Torvergata University in Rome, Italy.
INTRODUCTION: Traumatic neuroma is a reactive process caused by the regeneration of an injured nerve that usually forms a nodular proliferation of small nerve bundles. Penile traumatic neuroma is rare; only a few cases related to circumcision have been reported.

AIM: To report on a case of traumatic neuroma in the penis after selective dorsal neurotomy (SDN) to treat premature ejaculation.

METHODS: The penile traumatic neuroma was successfully removed by excision and confirmed by histopathology.
RESULTS: A 55-year-old man who had had several painless, slow-growing nodules on his penis for 2 years presented to our hospital. He had no history of genital trauma, urinary tract infection, or penile surgery, except SDN to treat premature ejaculation. The nodules were excised and the final diagnosis was traumatic neuroma. No recurrence has been detected during 1 year of follow-up.

CONCLUSION: The main complications of SDN are recurrence of premature ejaculation, pain or paresthesia on the glans penis, and erectile dysfunction. However, no traumatic neuroma has been reported as a complication. We report that a traumatic neuroma can occur after SDN.

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PubMed
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Use of teriparatide in osteoporotic fracture patients. [Review]
Collinge C; Favela J.
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[Journal Article. Review]
UI: 26768289
Teriparatide [PTH (1-34)] is a genetically engineered analog of human parathyroid hormone that acts as an anabolic drug by increasing activity in both osteoblasts and osteoclasts. Intermittent (once-daily) doses of teriparatide seem to stimulate osteoblast activity and therefore result in a net increase of bone formation. It is recommended for use in post-menopausal women (PMW), men with hypogonadal osteoporosis, as well as men and women with glucocorticoid-induced osteoporosis. In vivo studies have generated important findings regarding teriparatide's role in the enhancement of fracture healing. The intention of this article is to review the clinical findings of teriparatide to stimulate fracture healing. The drug was shown in a prospective randomized, double blind study to achieve earlier radiographic cortical bridging of three of four cortices (7.4 weeks) compared to patients who were assigned to the placebo group (9.1 weeks). Another study compared mean time for healing and functional outcome in two groups of elderly women who had suffered osteoporotic pelvic fractures: one group received daily 100 mug parathyroid hormone (1-84) injections, while the other group received no treatment. Patients who received the PTH (1-84) injections accelerated radiographic and clinical fracture healing (7.8 weeks) when compared to patients who received no treatment (12.6 weeks, p<0.001). Numerous case series state the safety and potential benefits of teriparatide use in patients recovering from fractures. In the following scenarios, teriparatide might be considered in patients with osteoporosis and a fracture: (1) patients with severe osteoporosis with use of bisphosphonates for a number of years with a fracture not expected to predictably unite, e.g. atypical femur fracture or open tibia fracture, (2) in cases where an osteoporotic patient has failed fracture healing and is considering surgical treatment e.g. non-union surgery. It seems prudent to reevaluate these patients frequently and reconsider which drug class of osteoporotic drug is best for the patient. Finally, it must be stressed that we do not recommend teriparatide in osteoporotic patients that may be well treated with bisphosphonates and a fracture is expected to heal uneventfully, nor when patients with metabolically normal bone have a fracture.
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Status
MEDLINE
Authors Full Name
Sexual function in male long-term survivors of childhood acute lymphoblastic leukemia.

Haavisto A; Henriksson M; Heikkinen R; Puukko-Viertomies LR; Jahnukainen K.

BACKGROUND: Infertility, poor semen quality, and gonadal dysfunction are well recognized long-term sequelae in male survivors of childhood acute lymphoblastic leukemia (ALL). However, few studies have investigated adult sexual functioning in these survivors.

METHODS: The authors studied 52 male survivors of childhood ALL at a median age of 28.5 years (range, 25-38 years)>10 years after diagnosis. In addition, 56 men without a history of cancer were recruited for an age-matched control group. The participants completed the Derogatis Interview for Sexual Functioning self-report. To analyze predictive factors for sexual dysfunction, variables assessing sociodemographic background, antileukemia treatment, testicular size, laboratory variables from current serum and semen samples, self-reported depressive symptoms, and self-reported physical functioning were included in multiple regression analyses.

RESULTS: ALL survivors had significantly poorer sexual functioning, as measured by the Derogatis Interview for Sexual Functioning self-report, compared with the control group. Survivors had a similar frequency of sexual fantasies, autoerotic acts, and full erection during these activities as the control group, but they had less frequent sexual activity with a sexual partner,
poorer self-rated orgasms, and lower satisfaction with their sex life. Predictive factors for poorer sexual functioning were depressive symptoms, the absence of a relationship, and, to a lesser extent, testicular size as an indication of gonadal damage from childhood antileukemia therapy. Older survivors experienced a deeper decline in sexual functioning compared with men in the control group.

CONCLUSIONS: Decline in sexual functioning at an early adult age can be regarded as 1 of the late effects of childhood cancer. Monitoring these survivors’ sexual health is indicated. Cancer 2016;122:2268-76. © 2016 American Cancer Society.
A randomized, comparative, open-label study of efficacy and tolerability of alfuzosin, tamsulosin and silodosin in benign prostatic hyperplasia.

Manjunatha R; Pundarikaksha HP; Madhusudhana HR; Amarkumar J; Hanumantharaju BK.

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[Journal Article. Randomized Controlled Trial]

UI: 27127315

OBJECTIVES: Benign prostatic hyperplasia (BPH) is a common and progressive disease affecting elderly males, often associated with lower urinary tract symptoms (LUTS). alpha1-blockers are the mainstay in symptomatic therapy of BPH. Because of their greater uroselectivity and minimal hemodynamic effects, alfuzosin, tamsulosin, and silodosin are generally preferred. The aim of this study was to compare the efficacy and tolerability of alfuzosin, tamsulosin, and silodosin in patients with BPH and LUTS.

METHODS: Ninety subjects with BPH and LUTS were randomized into three groups of thirty in each, to receive alfuzosin sustained release (SR) 10 mg, tamsulosin 0.4 mg, or silodosin 8 mg for 12 weeks. The primary outcome measure was a change in the International Prostate Symptom Score (IPSS), and the secondary outcome measures were changes in individual subjective symptom scores, quality of life score (QLS), and peak flow rate (Qmax) from baseline. The treatment response was monitored at 2, 4, 8, and 12 weeks.

RESULTS: IPSS improved by 88.18%, 72.12%, and 82.23% in alfuzosin SR, tamsulosin and silodosin groups (P < 0.001) at 12 weeks. Improvement in QLS was >75% in all the three groups (P < 0.001). A significant improvement in Qmax was seen with alfuzosin and tamsulosin (P = 0.025 and P < 0.001) but not with silodosin (P = 0.153). However, the intergroup differences in IPSS, QLS, and Qmax were not significant. Ejaculatory dysfunction was more common with silodosin and corrected QT (QTc) prolongation occurred only with alfuzosin (two subjects) and tamsulosin (three subjects).

CONCLUSION: Alfuzosin, tamsulosin, and silodosin showed similar efficacy in improvement of LUTS secondary to BPH, with good tolerability, acceptability, and minimum hemodynamic adverse effects. Alfuzosin, tamsulosin, and silodosin are comparable in efficacy in symptomatic management of BPH. The occurrence of QTc prolongation in three subjects with tamsulosin in the present study is an unexpected adverse event as there are no reports of QTc prolongation with tamsulosin in any of the previous studies.

Status

MEDLINE

Authors Full Name

Manjunatha, R; Pundarikaksha, H P; Madhusudhana, H R; Amarkumar, J; Hanumantharaju, B K.
Safety and efficacy of intraoperative iodine-125 seed implantation brachytherapy for rectal cancer patients: A retrospective clinical research.

Luo YJ; Liu ZL; Ye PC; Fu ZM; Lu F; Suleiman AA; Liao J; Xiao JW.

BACKGROUND: This pilot study was performed to evaluate the risk of anastomotic leakage (AL) and pelvic autonomic nerve dysfunction, and the effects of (125) I brachytherapy after intraoperative permanent implantation of iodine-125 seeds within the patients with rectal carcinoma.

METHODS: In a cohort consisting of 80 rectal cancer patients who received potentially curative resection of rectal carcinoma with implantation of (125) I brachytherapy or radical resection of rectal carcinoma underwent total mesorectal excision. The incidences of AL, fecal incontinence,
urinary dysfunction, and sexual dysfunction were calculated for comparison, and risk factors for these complications were analyzed by logistic regression. Rates of tumor recurrence and overall survival were evaluated.

RESULTS: Six out of 17 (35.29%) patients in the (125) I implant group and 1 out of 34 (2.94%) patients in the non-implant group were complicated with AL (P=0.006). The incidences of urinary dysfunction (P=0.005) and fecal incontinence (P=0.023) were significantly different between the two groups. Multivariate analyses revealed that (125) I brachytherapy was an independent risk factor for AL (odds ratio, 18.702; 95%CI, 1.802-194.062; P=0.014) and urinary dysfunction (odds ratio, 4.340; 95%CI, 1.158-16.264; P=0.029), respectively. At postoperative 2-year, the recurrence rates were 5.56% in the (125) I implant group and 9.09% in the non-implant group (P=0.029).

CONCLUSIONS: Intraoperative implantation of (125) I brachytherapy significantly increases the risk of AL, fecal incontinence, urinary dysfunction, and improves local control and do not improve overall survival after total mesorectal excision.

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Identification of Common Genetic Variants Influencing Spontaneous Dizygotic Twinning and Female Fertility.

Mbarek H; Steinberg S; Nyholt DR; Gordon SD; Miller MB; McRae AF; Hottenga JJ; Day FR; Willemsen G; de Geus EJ; Davies GE; Martin HC; Penninx BW; Jansen R; McAloney K; Vink JM; Kaprio J; Plomin R; Spector TD; Magnusson PK; Reversade B; Harris RA; Aagaard K; Kristjansson RP; Olafsson I; Eyjolfsson GI; Sigurdardottir O; Iacono WG; Lambalk CB; Montgomery GW; McGue M; Ong KK; Perry JR; Martin NG; Stefansson H; Stefansson K; Boomsma DI.

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[Comparative Study. Journal Article. Twin Study]

UI: 27132594
Spontaneous dizygotic (DZ) twinning occurs in 1%-4% of women, with familial clustering and unknown physiological pathways and genetic origin. DZ twinning might index increased fertility and has distinct health implications for mother and child. We performed a GWAS in 1,980 mothers of spontaneous DZ twins and 12,953 control subjects. Findings were replicated in a large Icelandic cohort and tested for association across a broad range of fertility traits in women. Two SNPs were identified (rs11031006 near FSHB, \( p = 1.54 \times 10^{-9} \), and rs17293443 in SMAD3, \( p = 1.57 \times 10^{-8} \)) and replicated (\( p = 3 \times 10^{-3} \) and \( p = 1.44 \times 10^{-4} \), respectively). Based on ~90,000 births in Iceland, the risk of a mother delivering twins increased by 18% for each copy of allele rs11031006-G and 9% for rs17293443-C. A higher polygenic risk score (PRS) for DZ twinning, calculated based on the results of the DZ twinning GWAS, was significantly associated with DZ twinning in Iceland (\( p = 0.001 \)). A higher PRS was also associated with having children (\( p = 0.01 \)), greater lifetime parity (\( p = 0.03 \)), and earlier age at first child (\( p = 0.02 \)). Allele rs11031006-G was associated with higher serum FSH levels, earlier age at menarche, earlier age at first child, higher lifetime parity, lower PCOS risk, and earlier age at menopause. Conversely, rs17293443-C was associated with later age at last child. We identified robust genetic risk variants for DZ twinning: one near FSHB and a second within SMAD3, the product of which plays an important role in gonadal responsiveness to FSH. These loci contribute to crucial aspects of reproductive capacity and health.

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Androgen Therapy and Rehospitalization in Older Men With Testosterone Deficiency.
Baillargeon J; Deer RR; Kuo YF; Zhang D; Goodwin JS; Volpi E.
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[Journal Article]
UI: 27061765

OBJECTIVE: To assess whether the receipt of androgen therapy is associated with a reduced 30-day rehospitalization rate among older men with testosterone deficiency.

PATIENTS AND METHODS: We conducted a retrospective cohort study using a 5% national sample of Medicare beneficiaries. We identified 6372 nonsurgical hospitalizations between January 1, 2007, and December 31, 2012, for male patients aged 66 years and older with a previous diagnosis of testosterone deficiency. Patients who died or lost Medicare coverage in the 30 days after hospital discharge or who were discharged to another inpatient setting were excluded from the analysis. Logistic regression was used to calculate odds ratios (ORs) and 95% CIs for the risk of 30-day hospital readmissions associated with receipt of androgen therapy.

RESULTS: In older men with testosterone deficiency, receipt of androgen therapy was associated with a reduced risk of rehospitalization (91 of 929 androgen users [9.8%] vs 708 of 5443 non-androgen users [13.0%]; OR, 0.73; 95% CI, 0.58-0.92) in the 30 days after hospital discharge. In a logistic regression analysis adjusting for multiple demographic, clinical, and health service variables, the OR was similar (OR, 0.75; 95% CI, 0.59-0.95). The adjusted OR for unplanned 30-day hospital readmissions was 0.62 (95% CI, 0.47-0.83). Each of these findings persisted across a range of propensity score analyses-including adjustment, stratification, and inverse probability treatment weighting-and several sensitivity analyses.

CONCLUSION: Androgen therapy may reduce the risk of rehospitalization in older men with testosterone deficiency. Given the high rates of early hospital readmission among older adults, further exploration of this intervention holds broad clinical and public health relevance.
Impact of Tissue Sealing Sheet on Erectile Dysfunction in a Rat Model of Nerve-Sparing Radical Prostatectomy.

Yamashita S; Fujii S; Kamiyama Y; Kawasaki Y; Izumi H; Kawamorita N; Mitsuzuka K; Adachi H; Kaiho Y; Ito A; Arai Y.


[Journal Article]
UI: 27567074

INTRODUCTION: The tissue sealing sheet has recently been used to prevent intraoperative bleeding from the neurovascular bundles in radical prostatectomy. Surgical stress or inflammatory changes likely play a role in erectile dysfunction after cavernous nerve injury. However, the efficacy of a tissue sealing sheet for preventing erectile function after nerve-sparing radical prostatectomy remains unclear.

AIM: To evaluate the effect of a tissue sealing sheet on erectile dysfunction after cavernous nerve dissection.

METHODS: Male Sprague-Dawley rats were randomly divided into three groups and subjected to sham operation or bilateral cavernous nerve dissection with (sheet group) or without (non-sheet group) a tissue sealing sheet. In the sheet group, cavernous nerves were sealed with a tissue sealing sheet immediately after cavernous nerve dissection.

MAIN OUTCOME MEASURES: Erectile function was assessed by measuring intracavernous pressure and arterial pressure during pelvic nerve electrostimulation at 4 weeks after surgery. Expressions of interleukin-6, tumor growth factor-beta1, and heme-oxygenase-1 in the major pelvic ganglion were examined by real-time polymerase chain reaction.

RESULTS: Mean intracavernous pressure along with mean arterial pressure in the sheet group were similar to those in the sham group and showed a significant positive response compared with the non-sheet group (P < .05). Furthermore, expressions of interleukin-6, tumor growth factor-beta1, and heme-oxygenase-1 were significantly lower in the sheet group than in the non-sheet group (P < .05).

CONCLUSION: Use of a tissue sealing sheet attenuated postoperative inflammatory changes and oxidative stress and improved erectile function after cavernous nerve injury in rats. The tissue sealing sheet might become a useful therapeutic approach to preserve erectile function after nerve-sparing radical prostatectomy.

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Experience with the GORE EXCLUDER iliac branch endoprosthesis for common iliac artery aneurysms.

van Sterkenburg SM; Heyligers JM; van Bladel M; Verhagen HJ; Eefting D; van Sambeek MR; Zeebregts CJ; Reijnen MM; Dutch IBE Collaboration.

OBJECTIVE: In this study, we analyzed the procedural success and early outcome of endovascular treatment of a multicenter cohort of patients with common iliac artery (CIA) aneurysms treated with the new GORE EXCLUDER (W. L. Gore & Associates, Flagstaff, Ariz) iliac branch endoprosthesis (IBE).

METHODS: A retrospective cohort analysis was performed in 13 sites in The Netherlands. Anatomic, demographic, procedural, and follow-up data were assessed from hospital records.

RESULTS: From November 2013 to December 2014, 51 CIA aneurysms were treated with an IBE in 46 patients. The median diameter of the treated aneurysm was 40.5 (range, 25.0-90.0) mm. The mean procedural time was 198 +/- 56 minutes. All but one implantation were successful; two type Ib endoleaks were noticed, resulting in a procedural success rate of 93.5%. The two type Ib endoleaks spontaneously disappeared at 30 days. There was no 30-day mortality. Ipsilateral buttock claudication was present in only two cases at 30 days and disappeared during follow-up. The incidence of reported erectile dysfunction was low and severe ischemic complications were absent. After a mean follow-up of 6 months, data on 17 treated aneurysms were available. Two showed a stable diameter, whereas 15 showed a mean decrease of 3.9 +/- 2.2 mm (P < .001). Reinterventions were performed in two patients (7.1%). The 6-month primary patency of the internal component of the IBE device was 94%.

CONCLUSIONS: The use of the GORE EXCLUDER IBE device for CIA aneurysms is related to high procedural success, high patency rates, and low reintervention rates at short-term follow-up. Prospective data with longer follow-up are awaited to establish the role of the device in the treatment algorithm of CIA aneurysms.

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Status MEDLINE

Authors Full Name

van Sterkenburg, Steven M M; Heyligers, Jan M M; van Bladel, Mathijs; Verhagen, Hence J; Eefting, Daniel; van Sambeek, Marc R; Zeebregts, Clark J; Reijnen, Michel M P J; Dutch IBE Collaboration.
Long-term sexual outcomes after holmium laser enucleation of the prostate: which patients could benefit the most?

Capogrosso P; Ventimiglia E; Ferrari M; Serino A; Boeri L; Capitanio U; Briganti A; Damiano R; Montorsi F; Salonia A.

Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present International Journal of Impotence Research. 28(5):189-93, 2016 Sep. [Journal Article]

Assess rate and predictors of erectile function (EF) outcomes at long-term follow-up (FU) after holmium laser enucleation of the prostate (HoLEP). Cross-sectional analyses were performed on 135 patients with a mean FU of 12 years post HoLEP. Patients completed both a baseline and a FU International Index of Erectile Function (IIEF)-EF domain and the International Prostatic Symptoms Score (IPSS). Postoperative EF outcomes, including rate and predictors of EF
improvement considering minimal clinically important differences (MCIDs) criteria, were assessed. Logistic regression models tested the association between predictors and EF. At a mean (median) FU of 152.1 (163) months, patients showed a significant decrease in the IIEF-EF score (P<0.01) and significant IPSS improvement (P<0.01). Overall, 50 (37%) patients worsened by at least one IIEF-EF category. Conversely, 23 (17%) patients reported an improvement in postoperative IIEF-EF score; 75 (55.6%) and 10 (7.4%) patients maintained and eventually improved their IIEF-EF category, respectively. Patients reporting a decrease in the postoperative IIEF-EF score were significantly older (P=0.03) and showed a significantly longer mean FU (P<0.01) than those reporting postoperative improvements of IIEF-EF. Nine (6.7%) patients showed significant EF improvement according to MCIDs criteria. Both higher IPSS scores (odds ratio (OR): 1.12; P=0.02) and lower IIEF-EF (OR: 0.88; P<0.01) at baseline, emerged as independent predictors of postoperative EF improvement. HoLEP was associated with a decrease in EF and a persistent amelioration of BPH-related urinary symptoms at long-term FU. Almost one third of patients worsened by at least one IIEF-EF category. However, a clinically meaningful EF improvement was observed in roughly 7% of the individuals. Patients with more severe preoperative urinary symptoms and ED benefited more from HoLEP in terms of EF.

Status
MEDLINE
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Risk of second gonadal cancers in women and children with germ cell tumors.

Liao ZW; Rodrigues MC; Poynter JN; Amatruda JF; Rodriguez-Galindo C; Frazier AL. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Cancer. 122(13):2076-82, 2016 Jul 01. [Journal Article]
UI: 27152727

BACKGROUND: Men with testicular cancer have an increased risk of developing cancer in the contralateral testis, but the risks of second gonadal cancers (SGCs) in women and children treated for germ cell tumors (GCTs) have not previously been quantified.

METHODS: The incidence of SGCs was ascertained in patients who had survived for at least 1 year after GCT diagnosis using data from the Surveillance, Epidemiology, and End Results SEER 9 registries (1980-2012). Relative risks of SGCs were estimated separately for boys, women, and girls compared with men based on Poisson regression analysis.

RESULTS: The cohort included 21,546 individuals (1116 boys, 827 women, 622 girls, and 18,981 men). A total of 25 SGCs were identified in boys, 1 in women, and 2 in girls compared with 254 in
The risk of SGC in postpubertal boys (aged >10 years) was comparable to that of adult men (boys: standardized incidence ratio, 15.90; 95% confidence interval, 10.29-23.47; men: standardized incidence ratio, 10.88; 95% confidence interval, 9.58-12.30). However, no SGCs were observed in boys who were diagnosed with a testicular GCT before age 10 years (N = 179). An elevated risk of SGC was also not observed for women or girls.

CONCLUSIONS: The apparent lack of an SGC in prepubertal boys suggests that susceptibility is either age-dependent and/or histology-dependent. The sex differences in the risk of SGC suggest differences in the etiology of ovarian versus testicular GCT. The finding that the risk of SGCs in postpubertal boys is similar to that observed in men indicates that long-term follow-up for SGC is warranted in postpubertal boys. Cancer 2016;122:2076-82. © 2016 American Cancer Society.

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Status
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20160617
OBJECTIVE: Hypogonadotrophic hypogonadism (HH) is commonly associated with ageing, obesity and type 2 diabetes. The indications for pituitary imaging are controversial, and current guidelines are based on small case series.

DESIGN: Retrospective case series from a secondary/tertiary endocrinology referral centre.

PATIENTS: All men presenting to the Edinburgh Centre for Endocrinology and Diabetes with hypogonadotrophic hypogonadism (testosterone <10 nmol/l and normal prolactin) from 2006 to 2013, in whom pituitary MRI was performed (n = 281). All HH patients referred in 2011 (n = 86) were reviewed to assess differences between those selected for pituitary MRI and those who were not scanned.

RESULTS: Pituitary MRI was normal in 235 men (83.6%), with 24 microadenomas (8.5%), 5 macroadenomas (1.8%) and 1 craniopharyngioma (0.4%) identified. The remaining 16 (5.7%) comprised a range of minor pituitary abnormalities including small cysts and empty sella. All men with abnormal imaging studies had otherwise normal pituitary function. Imaging abnormalities were associated with a significantly lower age at presentation (50 vs 54 years, P = 0.02), but no differences in testosterone or gonadotrophin levels were observed. Current Endocrine Society guidelines would have prompted imaging in only three of six patients with significant pituitary pathology.

CONCLUSIONS: Structural pituitary disease is more common in isolated HH than in the general population, and current guidelines do not accurately identify 'at-risk' individuals. Full anterior pituitary function testing has a low yield in patients presenting with hypogonadism. The optimal strategy for determining the need for pituitary imaging remains uncertain.
Experience in optimizing fertility outcomes in men with congenital adrenal hyperplasia due to 21 hydroxylase deficiency.

King TF; Lee MC; Williamson EE; Conway GS.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 26666213

OBJECTIVE: Men with congenital adrenal hyperplasia (CAH) have impaired fertility. We aimed to assess fertility outcomes and the importance of hypogonadotropic hypogonadism, testicular failure and the presence of testicular adrenal rest tumours (TART).

DESIGN: Retrospective analysis of men attending an adult CAH clinic in a tertiary centre.
PATIENTS: Fifty men with CAH due to 21 hydroxylase deficiency were identified of whom 35 were salt wasting and 15 were non-salt-wasting.

MEASUREMENTS: Review of fertility history and parameters including luteinizing hormone (LH), follicle-stimulating hormone (FSH), androstenedione, 17-hydroxyprogesterone (17-OHP), semen analysis and the presence of testicular adrenal rest tissue (TART) on ultrasound.

RESULTS: TART were detected by ultrasound in 21 (47%), and their presence was associated with an elevated FSH (P = 0.01). Severe oligospermia was present in 11 of 23 (48%), and this was associated with an elevated FSH (P = 0.02), suppressed LH (P < 0.01) and TART (P = 0.03) when compared to those with a sperm count >5 x 10(6) per ml. Of those that desired fertility, 10 of 17 (59%) required treatment intensification and four underwent in vitro fertilization.

Intensification resulted in a rise in median LH (0.6-4.3 IU/l; P = 0.01). Live birth rate was 15 of 17 (88%) with a median (range) time to conception of 8 (0-38) months.

CONCLUSIONS: Suppressed LH is a marker for subfertility and is often reversible. Testicular failure is closely associated with TART formation. If TART are detected, sperm cryopreservation should be offered given the risk of progression to irreversible testicular failure. Male fertility in CAH can be improved by intensified treatment and assisted reproductive technology.

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A normal functioning hypothalamic-pituitary-testicular axis is required for normal testicular descent. The percentage of cases that result from a disturbance in this axis remains controversial. Much has yet to be learnt about cryptorchidism, but it seems that the existence of a dark spermatogonia (Ad spermatogonia) is essential for later fertility. Bilateral cryptorchid patients have a high risk of later infertility, even though they undergo early surgery for cryptorchidism. It is possible today to distinguish to a certain extent between three different groups of cryptorchid patients based on testicular histology, gonadotropins, and inhibin B at the time of early surgery: Group 1, patients suspected of prepubertal transient hypothalamic-pituitary-testicular hypofunction and a high risk of later infertility; Group 2, patients with hypergonadotropic hypogonadism and a primary testicular dysfunction; and Group 3, patients with normal histology and normal serum levels of inhibin B and gonadotropins at the time of early surgery and a low risk of later infertility. Given the potential adverse effects of hormonal treatment, attention should be directed toward small doses of adjuvant gonadotropin-releasing hormone (GnRH) treatment for those who might benefit the most, that is, bilateral cryptorchid boys at early surgery without evidence of normal maturation of gonocytes into Ad spermatogonia. Optimally, gonadotropin levels in such patients should be measured to ensure that levels are not compensatory elevated, thereby supporting the suspicion of hypothalamic-pituitary-testicular hypofunction. Studies of GnRH-supplementary treatment should include testicular biopsy at surgery and at follow-up in childhood as well as examinations of fertility potential in adulthood.
BACKGROUND: Several studies proposed a relationship between environmental factors and semen quality, as well as the negative effect of air pollution on spermatogenesis and gonadal function. No specific studies evaluated the environmental influence on semen quality in a specific geographical area.

AIM: to evaluate the environmental influence on male sperm parameters in a Northern Italian population referred for semen analysis in the National Health System. The objective of the study is the assessment of the relationship of both air pollution and environmental parameters with quality-related sperm variables, during the coldest months of the year when air is usually most polluted, due to low ventilation and poor rainfall.
STUDY DESIGN: A retrospective, observational, cohort study was carried out in the province of Modena, located in the Emilia-Romagna region of Northern Italy.

METHODS: Semen analyses (n=406), environmental temperature, air humidity and air particulate matter (PM) measurements from the 1st of November 2014 to the 19th of February 2015 were acquired to the first database. Since spermatogenesis lasts over two months, a second, wider database was arranged, evaluating environmental exposure in the 3 months before semen collection (from August 1st 2014). All data included in the database were registered by geocoding the residential address of the patients and the site of registration of environmental factors. The geo-codification of parameters was performed using Fusion Tables of Google available at https://www.google.com/fusiontables/data? dsrcid=implicit, considering the exact time of measurement.

RESULTS: Average air temperature was inversely related to sperm concentration and to total sperm number (p<0.001). Semen volume was inversely related only to the minimum (p<0.001) and not to maximum recorded temperature (p=0.110). Air humidity was not related to sperm quantity and quality. PM2.5 was directly related to total sperm number (p<0.001). PM10 was directly related to both semen volume (0<0.001), and typical forms (p<0.001), inversely related to atypical forms (p<0.001), but related neither to sperm concentration (p=0.430) nor to sperm motility. The extended analyses considering environmental parameters in the 3 months before semen collection, confirmed the relationship between air temperature and sperm quantity, whereas no influence was found between PM and sperm quality.

CONCLUSION: An influence of environmental temperature on semen quantity is suggested, without a clear effect of air pollution, as assessed through PM10 levels, on sperm parameter variations.

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OBJECTIVE: To evaluate long-term urinary, sexual and bowel functional outcomes after prostate cancer treatment at a median (interquartile range) follow-up of 12 (11-13) years.

PATIENTS AND METHODS: In this nationwide, population-based study, we identified 6,003 men diagnosed with localized prostate cancer (clinical local stage T1-2, any Gleason score, prostate-
specific antigen <20 ng/mL, NX or N0, MX or M0) between 1997 and 2002 from the National Prostate Cancer Register, Sweden. The men were aged <70 years at diagnosis. A control group of 1 000 men without prostate cancer were also selected, matched for age and county of residence. Functional outcomes were evaluated with a validated self-reported questionnaire.

RESULTS: Responses were obtained from 3 937/6 003 cases (66%) and 459/1 000 (46%) controls. At 12 years after diagnosis and at a median age of 75 years, the proportion of cases with adverse symptoms was 87% for erectile dysfunction/sexual inactivity, 20% for urinary incontinence and 14% for bowel disturbances. The corresponding proportions for controls were 62, 6 and 7%, respectively. Men with prostate cancer, except those on surveillance, had an increased risk of erectile dysfunction compared with the men in the control group. Radical prostatectomy was associated with an increased risk of urinary incontinence (odds ratio [OR] 1.89, 95% confidence interval [CI] 1.36-2.62) and radiotherapy increased the risk of bowel dysfunction (OR 2.46, 95% CI 1.73-3.49) compared with men in the control group. Multi-modal treatment, in particular treatment including androgen deprivation therapy (ADT), was associated with the highest risk of adverse effects; for instance, radical prostatectomy followed by radiotherapy and ADT was associated with an OR of 3.74 (95% CI 1.76-7.95) for erectile dysfunction and an OR of 3.22 (95% CI 1.93-5.37) for urinary incontinence.

CONCLUSION: The proportion of men who experienced a long-term impact on functional outcomes after prostate cancer treatment was substantial. 

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Symptoms, unmet needs, psychological well-being and health status in survivors of prostate cancer: implications for redesigning follow-up.

Watson E; Shinkins B; Frith E; Neal D; Hamdy F; Walter F; Weller D; Wilkinson C; Faithfull S; Wolstenholme J; Sooriakumaran P; Kastner C; Campbell C; Neal R; Butcher H; Matthews M; Perera R; Rose P.

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BJU International. 117(6B):E10-9, 2016 Jun.

[Journal Article]

UI: 25818406

OBJECTIVE: To explore ongoing symptoms, unmet needs, psychological wellbeing, self-efficacy and overall health status in survivors of prostate cancer.

PATIENTS AND METHODS: An invitation to participate in a postal questionnaire survey was sent to 546 men, diagnosed with prostate cancer 9-24 months previously at two UK cancer centres. The study group comprised men who had been subject to a range of treatments: surgery,
radiotherapy, hormone therapy and active surveillance. The questionnaire included measures of prostate-related quality of life (Expanded Prostate cancer Index Composite 26-item version, EPIC-26); unmet needs (Supportive Care Needs Survey 34-item version, SCNS-SF34); anxiety and depression (Hospital Anxiety and Depression Scale, HADS), self-efficacy (modified Self-efficacy Scale), health status (EuroQol 5D, EQ-5D) and satisfaction with care (questions developed for this study). A single reminder was sent to non-responders after 3 weeks. Data were analysed by age, co-morbidities, and treatment group.

RESULTS: In all, 316 men completed questionnaires (64.1% response rate). Overall satisfaction with follow-up care was high, but was lower for psychosocial than physical aspects of care. Urinary, bowel, and sexual functioning was reported as a moderate/big problem in the last month for 15.2% (n = 48), 5.1% (n = 16), and 36.5% (n = 105) men, respectively. The most commonly reported moderate/high unmet needs related to changes in sexual feelings/relationships, managing fear of recurrence/uncertainty, and concerns about the worries of significant others. It was found that 17% of men (51/307) reported potentially moderate-to-severe levels of anxiety and 10.2% (32/308) reported moderate-to-severe levels of depression. The presence of problematic side-effects was associated with higher psychological morbidity, poorer self-efficacy, greater unmet needs, and poorer overall health status.

CONCLUSION: While some men report relatively few problems after prostate cancer treatment, this study highlights important physical and psycho-social issues for a significant minority of survivors of prostate cancer. Strategies for identifying those men with on-going problems, alongside new interventions and models of care, tailored to individual needs, are needed to improve quality of life.

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844.
Early pubertal timing is common among adolescent girl-to-boy sex reassignment applicants.
Sumia M; Lindberg N; Tyolajarvi M; Kaltiala-Heino R.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27696903
OBJECTIVES: The aim of our study was to explore whether gender dysphoria in adolescent girls is associated with early pubertal timing.

METHODS: We compared menarcheal timing among 52 adolescent girl-to-boy sex reassignment (SR) applicants with that of 644 adolescent girls who participated in an adolescent population mental health survey.

RESULTS: Of the population girls, 21% presented with early (<11 years), 61% with normative (12-13 years) and 19% with late (>14 years) menarcheal timing; among the SR applicants, 42% presented with early, 46% with normative and 12% with late menarcheal timing (p=0.003). The odds ratio for SR applicant girls to have early menarcheal timing was 2.7 (95% confidence interval (CI) 1.3, 5.7), controlling for age and family structure.

CONCLUSION: Like emotional and behavioural disorders, gender dysphoria in adolescence is associated in girls with early pubertal timing. The finding is discussed in the light of literature related to pubertal maturation and mental health.

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2016
Erectile Dysfunction Medication Use in Veterans Eligible for Medicare Part D.
Spencer SH; Suda KJ; Smith BM; Huo Z; Bailey L Jr; Stroupe KT.
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[Journal Article]
Ui: 27348283

BACKGROUND: Erectile dysfunction (ED) medications are therapeutically effective and associated with satisfaction. Medicare Part D included ED medications on the formulary during 2006 and inadvertently in 2007-2008.

OBJECTIVE: To characterize phosphodiesterase-5 inhibitor (PDE-5) medication use among veterans who were dually eligible for Veterans Affairs (VA) and Medicare Part D benefits.

METHODS: Veterans aged > 66 years who received PDE-5 inhibitors between 2005 and 2009 were included. Veterans were categorized by PDE-5 inhibitor claims: VA-only, Part D-only, or dual users of VA and Part D-reimbursed pharmacies. T-tests and chi-square tests were applied as appropriate.

RESULTS: From 2005 to 2009, the majority (85.2%) of veterans used VA benefits exclusively for their PDE-5 inhibitors; 11.4% used Medicare Part D exclusively; and 3.4% were dual users. The Part D-only group was older, more frequently not black, had a VA copay, and had a higher income (P < 0.03). The VA group was more likely to have comorbidities, smoke, and have a history of substance abuse (P < 0.001). With the inception of Medicare Part D in 2006, the number of patients filling prescriptions for PDE-5 inhibitors (-68%) and total number of PDE-5 inhibitor 30-day equivalents dispensed (-86.7%) from the VA decreased. Part D prescriptions increased through 2006 (full coverage period) and 2007 (accidental partial coverage) and decreased in 2008. While Part D accounted for only 10% of PDE-5 inhibitor 30-day equivalents, it equaled 29.2% of dispensed tablets. In October 2007, VA PDE-5 inhibitor use returned to 2005 levels.

CONCLUSIONS: Implementation of Medicare Part D reduced VA PDE-5 inhibitor acquisition. However, after removal of PDE-5 inhibitors from the Part D formulary, use of VA pharmacies for PDE-5 inhibitors resumed. Medication policies outside the VA can affect medication use. Veterans with access to non-VA health care may obtain medications from the private sector because of VA restrictions. This may be especially true for nonformulary and lifestyle medications.

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Health Services Research and Development Service. Study concept and design were contributed by Smith and Stroupe, assisted by the other authors. Huo, Bailey, and Stroupe took the lead in data collection, assisted by the other authors. Data interpretation was performed by Spencer and Suda, along with Smith and Stroupe and assisted by Huo and Bailey. The manuscript was primarily written by Spencer and Suda, with assistance from the other authors, and revised by Spencer, along with the other authors.

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846.

Somatosensory evoked potentials assess the efficacy of circumcision for premature ejaculation.
Xia JD; Jiang HS; Zhu LL; Zhang Z; Chen H; Dai YT.
To assess the efficacy and mechanism of circumcision in the treatment of premature ejaculation (PE) with redundant prepuce, we enrolled a total of 81 PE patients who received circumcision. The patients' ejaculatory ability and sexual performances were evaluated before and after circumcision by using questionnaires (Intravaginal ejaculation latency time (IELT), Chinese Index of PE with 5 questions (CIPE-5) and International Index of Erectile function- 5 (IIEF-5)). Furthermore, somatosensory evoked potentials (SEPs) including dorsal nerve (DNSEP) and glans penis (GPSEP) of the patients were also measured. The mean IELTs of preoperation and post operation were 1.10+/−0.55 and 2.48+/−2.03min, respectively (P<0.001). In addition, the geometric mean IELT after operation was 2.16min, compared with the baseline 1.07min before the operation, the fold increase of the IELT was 2.02. Compared with the uncircumcised status, scores of CIPE-5 showed a significant increase after circumcision (P<0.001). The mean latencies (and amplitudes) of GPSEP and DNSEP were 38.1+/−4.0ms (3.0+/−1.9uV) and 40.5+/−3.4ms (2.8+/−1.6 uV) before circumcision, respectively; and 42.8+/−3.3ms (2.8+/−1.6 uV) and 40.5+/−4.1ms (2.4+/−1.2 uV) in the follow-up end point after circumcision. Only the latencies of GPSEP showed significant prolongation before and after circumcision (P<0.001). The ejaculation time improvement after circumcision is so small, and equal to placebo response, therefore it could not be interpreted as a therapeutic method in men with PE.
Increased subsequent risk of erectile dysfunction among middle and old age males with chronic osteomyelitis: a nationwide population-based cohort study.
Wang HY; Chao CH; Lin CL; Tseng CH; Kao CH.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27169492
Chronic inflammation may cause endothelial dysfunction and atherosclerosis, resulting in subsequent erectile dysfunction (ED). We examined the relationship between chronic osteomyelitis, which is a chronic inflammatory disease, and ED. A retrospective cohort study was conducted using data from the National Health Insurance Research Database. After excluding patients <40 years of age, 677 male patients newly diagnosed with chronic osteomyelitis (COM) from 1 January 2000 to 31 December 2011 were identified for the study. The non-osteomyelitis comparison cohort consisted of 2706 male participants. The incidence of ED was 2.66-fold higher in the COM cohort than in the non-osteomyelitis cohort (4.01 vs 1.51 per 10000 person-years). After adjusting for age and comorbidities of coronary heart disease, hypertension, hyperlipidemia, depression, stroke, diabetes, peripheral vascular disease, chronic kidney disease, chronic obstructive pulmonary disease and asthma, the patients with COM had a 2.82-fold risk of ED (95% confidence interval=1.44-5.56). The incidence of ED increased with that of comorbidities in both cohorts. The highest hazard ratio was in patients between 40 and 59 years of age who had COM. Our data showed, for the first time, that COM is a possible risk factor for the development of ED.
Risk of solid tumors and hematological malignancy in persons with Turner and Klinefelter syndromes: A national cohort study.

Ji J; Zoller B; Sundquist J; Sundquist K.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

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The risk of solid and hematological malignancy in patients with Turner syndrome, characterized by X chromosome monosomy in women, and Klinefelter syndrome, characterized with two and more X chromosomes in men, is not well established, but such evidence may have etiological implications on cancer development. We identified a total of 1,409 women with Turner syndrome and 1,085 men with Klinefelter syndrome from the Swedish Hospital Discharge and Outpatient Register. These individuals were further linked to the Swedish Cancer Register to examine the standardized incidence ratios (SIRs) of cancer using the general population without Turner and Klinefelter syndromes as reference. The overall risk of cancer was 1.34 for women with Turner syndrome; it was increased only for solid tumors. For a specific type of tumor, the risk of melanoma and central nervous system tumor was significantly increased. For persons with Klinefelter syndrome, the risk of solid tumors was decreased (SIR=0.66), whereas the risk of hematological malignancy was increased (SIR=2.72). Non-Hodgkin lymphoma and leukemia showed an increased SIR of 3.02 and 3.62, respectively. Our study supported the hypothesis that X chromosome plays an important role in the etiology of solid tumors. The underlying mechanisms for the increased incidence of non-Hodgkin lymphoma and leukemia in persons with Klinefelter syndrome need to be investigated further.
Non-surgically related causes of erectile dysfunction after bilateral nerve-sparing radical prostatectomy.

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[Journal Article]

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BACKGROUND: Erectile dysfunction (ED) represents one of the most common long-term side effects in prostate cancer (PCa) patients treated with bilateral nerve-sparing radical prostatectomy (BNSRP). The aim of our study was to assess the influence of non-surgically related causes of ED in patients treated with BNSRP.

METHODS: Overall, 716 patients treated with BNSRP were retrospectively identified. All patients had complete data on erectile function (EF) assessed by the Index of Erectile Function-EF domain (IIEF-EF) and depressive status assessed by the Center for Epidemiologic Studies-Depression (CES-D) questionnaire. EF recovery was defined as an IIEF-EF of 22. Kaplan-Meier analyses assessed the impact of preoperative IIEF-EF, depression and adjuvant radiotherapy (aRT) on the time to EF recovery. Multivariable Cox regression models were used to test the impact of aRT on EF recovery after accounting for depression and baseline IIEF-EF.

RESULTS: Median follow-up was 48 months. Patients with a preoperative IIEF-EF of 22 had substantially higher EF recovery rates compared with those with a lower IIEF-EF (P<0.001). Patients with a CES-D of <16 had significantly higher EF recovery rates compared to those with depression (60.8 vs 49.2%; P=0.03). Patients receiving postoperative aRT had lower rates of EF compared with their counterparts left untreated after surgery (40.7 vs 59.8%; P<0.001). These results were confirmed in multivariable analyses, where preoperative IIEF-EF (P<0.001), depression (P=0.04) and aRT (P=0.03) were confirmed as significant predictors of EF recovery.

CONCLUSIONS: Preoperative functional status and depression should be considered when counseling PCa patients regarding the long-term side effects of BNSRP. Moreover, the administration of aRT has a detrimental effect on the probability of recovering EF after BNSRP. This should be taken into account when balancing the potential benefits and side effects of multimodal therapies in PCa patients.

Status

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[Journal Article]

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BACKGROUND: Although a blood genetic disease, sickle cell disease (SCD) leads to a chronic vasculopathy with multiple organ involvement. We assessed arterial stiffness in SCD patients and looked for associations between arterial stiffness and SCD-related vascular complications.

METHODS: The CADRE (Coeur Arteres et Drepanocytose, ie, Heart Arteries and Sickle Cell Disease) study prospectively recruited pediatric and adult SCD patients and healthy controls in Cameroon, Ivory Coast, Gabon, Mali, and Senegal. Patients underwent clinical examination, routine laboratory tests (complete blood count, serum creatinine level), urine albumin/creatinine ratio measure, and a measure of carotid-femoral pulse wave velocity (cf-PWV) and augmentation index (AI) at a steady state. The clinical and biological correlates of cf-PWV and AI were investigated by using a multivariable multilevel linear regression analysis with individuals nested in families further nested in countries.

RESULTS: Included were 3627 patients with SCD and 943 controls. Mean cf-PWV was lower in SCD patients (7.5 +/- 2.0 m/s) than in controls (9.1 +/- 2.4 m/s, P<0.0001), and lower in SS-Sbeta(0) than in SC-Sbeta(+) phenotypes. AI, corrected for heart rate, increased more rapidly with age in SCD patients and was higher in SCD than in control adults. cf-PWV and AI were independently associated with age, sex, height, heart rate, mean blood pressure, hemoglobin level, country, and
hemoglobin phenotype. After adjustment for these correlates, cf-PWV and AI were associated with the glomerular filtration rate and osteonecrosis. AI was also associated with stroke, pulmonary hypertension, and priapism, and cf-PWV was associated with microalbuminuria.

CONCLUSIONS: PWV and AI are deeply modified in SCD patients in comparison with healthy controls. These changes are independently associated with a lower blood pressure and a higher heart rate but also with the hemoglobin phenotype. Moreover, PWV and AI are associated with several SCD clinical complications. Their prognostic value will be assessed at follow-up of the patients.

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OBJECTIVE: To investigate the outcomes of two surgical interventions for Peyronie's disease (PD) with hourglass deformity: partial excision and grafting (PEG) or inflatable penile prosthesis (IPP) implantation.

MATERIALS AND METHODS: Retrospective data were collected from two centers: Technical University of Munich (PEG) and Tulane University Medical Center (IPP). Collected variables included patient demographics, sexual function, penile vascular measurements, and treatment outcomes.

RESULTS: A total of 50 PD patients with hourglass deformity (26 PEG [group 1] and 24 IPP [group 2]) were included in this study. Patients in group 1 had higher mean preoperative Sexual Health Inventory for Men scores (22.2 vs 10.3, P<0.001), required less erectile dysfunction treatment (35% vs 79%, P=.005), and had more nonvascular etiology (77% vs 21%, P<.0001). There were no intraoperative complications, 2 patients in group 1 had postoperative glans hypoesthesia, and 1 patient in group 2 required surgical revision. All patients in both groups had significant >20% improvements in penile curvature with mean changes of 68.1 degrees (12.7) in group 1 and 49.6 degrees (13.5) in group 2, P<.0001. Resolution of hourglass deformity was achieved in 85% of patients in group 1 and 100% of patients in group 2, P=.045. The mean postoperative change in Sexual Health Inventory for Men score was -0.3 (1.3) in group 1 and 16.7 (4.7) in group 2, P<.0001.
CONCLUSION: Both options provide excellent outcomes for well-selected patients with PD and an hourglass deformity. PEG can be offered to patients with good erectile function, whereas the IPP remains the preferred option for patients with poor erections.

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852.
Fertility Preservation in Children and Adolescents With Cancer. [Review]
Long CJ; Ginsberg JP; Kolon TF.
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OBJECTIVE: Advancements in oncologic therapy have increased long-term survival rates for children with childhood cancers. As survival has increased, the secondary effects of treatment have come into focus for patients and family. Infertility preservation in prepubertal children is a particularly difficult task as options are limited compared to adult counterparts with mature gametes.

METHODS: A systematic review of the published literature was conducted using keywords relevant to fertility preservation in the pediatric population undergoing oncologic treatment.

RESULTS: We review the impact of cancer therapy upon gonadal function and identify the risk factors for future infertility in the prepubertal population. Treatment modifications that could modify the degree of potential damage to reproductive organs yet maintain oncologic principles were highlighted. Pubertal males and females have the opportunity to donate mature sperm or oocytes as do their adult counterparts; however, for the prepubertal child this is not the case. The options for these patients are considered investigational at this point and center on testicular tissue cryopreservation in males and oophorectomy vs ovarian cortical tissue cryopreservation in females.

CONCLUSION: Infertility is an unfortunate side effect of oncologic treatment. Options are limited in the prepubertal population but tissue preservation and potential fertility should be discussed with all at-risk patients and their parents.

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Sexual function after treatment for sacrococcygeal teratoma during childhood.
Kremer ME; Derikx JP; Peeters A; Ter Kuile MM; van Baren R; Heij HA; Wijnen MH; Wijnen RM; van der Zee DC; van Heurn LW.
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BACKGROUND: Children treated for sacrococcygeal teratoma (SCT) may suffer from sexual dysfunction later in life because of the extended pelvic surgery performed, however, structured evaluations have not been performed yet.

METHODS: The Female Sexual Function Index (FSFI), the International Index of Erectile Function (IIEF) and the Body Image Questionnaire (BIQ) were sent to patients (>18 years) treated for SCT in the Dutch pediatric surgical centers after 1970.

RESULTS: Forty-five of 76 patients returned the questionnaires; 28 women (median age 27.3 years, range 18.3-41.0) and seven men (median age 22.0 years, range 19.1-36.5) were eligible for analysis. The FSFI and IIEF results were compared to healthy controls. Female patients scored significantly lower on the desire (p=0.014), arousal (p=0.013) and lubrication domain (p=0.019). FSFI total-scores of female patients were significantly lower compared to controls [median 30.5 (IQR 28.6-31.4) vs. median 32.4 (IQR 30.6-33.45) p<0.001] but were above the threshold value for sexual dysfunction. Males reported normal erectile function and penetration ability with normal ejaculation. Females had significant lower BIQ results compared to males; BIQ-cosmesis scores were moderately correlated to the FSFI-desire score (r=-0.37, p=0.028).

CONCLUSION: SCT resection in girls may result in diminished sexual function at adult age with worse self-perceived body image. The possibility of sexual complaints should be integrated in the surveillance strategies for these patients.
Mycoplasma genitalium infection contributes to 10-35% of non-chlamydial non-gonococcal \textit{urethritis} in men. In women, \textit{M. genitalium} is associated with cervicitis and pelvic inflammatory disease (PID). Transmission of \textit{M. genitalium} occurs through direct mucosal contact. Asymptomatic infections are frequent. In women, symptoms include vaginal discharge, dysuria or symptoms of PID - abdominal pain and dyspareunia. In men, urethritis, dysuria and discharge predominates. Besides symptoms, indication for laboratory test is a high-risk sexual behaviour. Diagnosis is achievable only through nucleic acid amplification testing (NAAT). If available, NAAT diagnosis should be followed with an assay for macrolide resistance. Therapy for \textit{M. genitalium} is indicated if \textit{M. genitalium} is detected or on an epidemiological basis. Doxycycline has a low cure rate of 30-40%, but does not increase resistance. Azithromycin has a cure rate of 85-95% in macrolide susceptible infections. An extended course appears to have a higher cure rate. An increasing prevalence of macrolide resistance, most likely due to widespread use of azithromycin 1 g single dose without test of cure, is drastically decreasing the cure rate. Moxifloxacin can be used as second-line therapy, but resistance is increasing. Uncomplicated \textit{M. genitalium} infection should be treated with azithromycin 500 mg on day one, then 250 mg on days 2-5 (oral), or josamycin 500 mg three times daily for 10 days (oral). Second line treatment and treatment for uncomplicated macrolide resistant \textit{M. genitalium} infection is moxifloxacin 400 mg od for 7-10 days (oral). For third line treatment of persistent \textit{M. genitalium} infection after azithromycin and moxifloxacin doxycycline 100 mg two times daily for 14 days can be tried and may cure 30%. Pristinamycin 1 g four times daily for 10 days (oral) has a cure rate of app. 90%. Complicated \textit{M. genitalium} infection (PID, epididymitis) is treated with moxifloxacin 400 mg od for 14 days.
OBJECTIVE: The aim of this study was to study the change in sexual functions within 3 months period following the initiation of antidepressant treatment in psychiatry outpatients, and its relationship with the change in anxiety and depression symptoms.

MATERIAL AND METHOD: Eighty two patients, who consecutively applied to the psychiatry outpatient clinic and who were prescribed antidepressants, were included in the study. Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale, General Assessment of Functioning Scale and Arizona Sexual Experience Questionnaire (ASEC) were administered to the patients at the first interview, then repeated on a monthly basis during 3 months.

RESULTS: Fifty seven of the patients (69.50 %) has been diagnosed with sexual dysfunctions prior to the anti depressant treatment. During the third month after the antidepressant treatment, 24 patients in this group (42.11%) showed no impairment in ASEC scores, whereas 33 patients’ (57.89%) scores were still at impairment level. Eight patients out of 25 (32%) who weren’t diagnosed with sexual dysfunctions prior to the treatment were later diagnosed with sexual
dysfunctions. Sexual dysfunctions correlated with patients' level of functioning, separately from anxiety and depression symptoms.

RESULTS: Our study results show that the sexual dysfunction rate is quite high in psychiatric patients population. However, sexual dysfunctions rate which can be related to antidepressant treatment is 36%. It would be appropriate for clinicians to determine benefit-loss balance by considering patients' mental syndromes together with sexual functions.

856.
Predictors and clinical consequences of starting androgen therapy in men with low testosterone: results from the SIAMO-NOI registry.
Rastrelli G; Giovannini L; Calogero AE; Gianfrilli D; Serrà E; Pizzocaro A; Giagulli VA; Motta G; Vancieri G; Sperandio A; Ando S; Selice R; Luca G; Cocchiara F; Canale D; Maggi M.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Observational Study]
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PURPOSE: Management of late onset hypogonadism (LOH) is not homogenous. The aim of the study is to observe the management of patients with low testosterone (T) in highly specialized Italian centres.
METHODS: The SIAMO-NOI is an observational longitudinal disease registry for the evaluation of the clinical management of patients with low T levels (total T < 12 nmol/L, calculated free T < 225 pmol/l or already in treatment) in 15 Italian centers members of the Italian Society for Andrology and Sexual Medicine (SIAMS). Clinical and biochemical data were collected for four visits during 12 months of observation.
RESULTS: 432 patients (mean age 50.9 +/- 14.9 years) were enrolled. Of them, 247 men were receiving androgen therapy, whereas 145 were naive. After the first visit (V0), 80 men started androgen therapy, whereas 55 remained untreated during the entire observation. Younger age [odds ratio (OR) 0.57 (0.35-0.92)], total T < 8 nmol/l [OR 4.69 (1.59-13.81)], complaining at least one sexual symptom [OR 11.55 (2.01-66.35)] and reporting more severe lower urinary tract symptoms [OR 1.27 (1.01-1.60)] predicted starting an androgen therapy. Sixty-four men started therapy immediately after V0 and maintained it until the observation end. When compared to V0, they reported an increase in all the domains of the International Index of Erectile Function-15 (IIEF-15), in the sexual and physical subdomains of the Aging Male Scale as well as in the International Prostate Symptom Score. Conversely, the untreated group reported a significant improvement, although lower than the treated group, only in the erectile function domain of the IIEF-15.

CONCLUSIONS: Management of LOH in SIAMS centres is in line with the international guidelines and the newest knowledge about the role of T on prostate health. Androgen therapy is associated with an improvement in all the aspects of sexual life and in the perception of physical strength.

Status

MEDLINE

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Surgery in disorders of sex development (DSD) with a gender issue: If (why), when, and how?.
[Review]
Mouriquand PD; Gorduza DB; Gay CL; Meyer-Bahlburg HF; Baker L; Baskin LS; Bouvattier C; Braga LH; Caldamone AC; Duranteau L; El Ghoneimi A; Hensle TW; Hoebeke P; Kaefer M; Kalfa N; Kolon TF; Manzoni G; Mure PY; Nordenskjold A; Pippi Salle JL; Poppas DP; Ransley PG; Rink RC; Rodrigo R; Sann L; Schober J; Sibai H; Wisniewski A; Wolffennbuttel KP; Lee P.
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[Journal Article. Review]
Ten years after the consensus meeting on disorders of sex development (DSD), genital surgery continues to raise questions and criticisms concerning its indications, its technical aspects, timing and evaluation. This standpoint details each distinct situation and its possible management in 5 main groups of DSD patients with atypical genitalia: the 46,XX DSD group (congenital adrenal hyperplasia); the heterogeneous 46,XY DSD group (gonadal dysgenesis, disorders of steroidogenesis, target tissues impairments ...); gonosomal mosaicsisms (45,X/46,XY patients); ovo-testicular DSD; and "non-hormonal/non chromosomal" DSD. Questions are summarized for each DSD group with the support of literature and the feed-back of several world experts. Given the complexity and heterogeneity of presentation there is no consensus regarding the indications, the timing, the procedure nor the evaluation of outcome of DSD surgery. There are, however, some issues on which most experts would agree: 1) The need for identifying centres of expertise with a multidisciplinary approach; 2) A conservative management of the gonads in complete androgen insensitivity syndrome at least until puberty although some studies expressed concerns about the heightened tumour risk in this group; 3) To avoid vaginal dilatation in children after surgical reconstruction; 4) To keep asymptomatic mullerian remnants during childhood; 5) To remove confirmed streak gonads when Y material is present; 6) It is likely that 46,XY cloacal extrophy, aphallia and severe micropenis would do best raised as male although this is based on limited outcome data. There is general acknowledgement among experts that timing, the choice of the individual and irreversibility of surgical procedures are sources of concerns. There is, however, little evidence provided regarding the impact of non-treated DSD during childhood for the individual development, the parents, society and the risk of stigmatization. The low level of evidence should lead to design collaborative prospective studies involving all parties and using consensual protocols of evaluation.

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Youth experiences with multiple types of prejudice-based harassment.

Bucchianeri MM; Gower AL; McMorris BJ; Eisenberg ME.

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Despite prejudice-based harassment's associations with serious physical and mental health risks, research examining multiple forms of harassment among children/adolescents is lacking. This study documents the prevalence of prejudice-based harassment (i.e., harassment on the basis of gender, race/ethnicity, weight or physical appearance, sexual orientation, and disability status) among a large, statewide, school-based Midwestern U.S. sample of 162,034 adolescents. Weight-/appearance-based harassment was most prevalent among both girls (25.3%) and boys (19.8%). Adolescents from certain vulnerable groups experienced higher rates of multiple types of harassment, even when controlling for other sociodemographic characteristics. Prejudice-based harassment experiences are prevalent among adolescent girls and boys. Differential rates of each type of harassment are reported across groups within the corresponding sociodemographic status (e.g., white female adolescents report a significantly lower rate of race-based harassment (4.8%), as compared to Native American (18.6%), mixed/other race (18.9%), Hispanic/Latina (21.5%), Asian/Pacific Islander (24.2%), or Black/African American (24.8%) female adolescents); but a pattern of cross-harassment also is evident, such that differences in prevalence of each harassment type emerge across a variety of statuses (e.g., disability-based harassment was statistically significantly higher among discordant heterosexual (12.7%), gay (13.0%), bisexual (15.3%), and unsure (15.3%) male adolescents than among heterosexual male (7.2%) adolescents). Adolescents from specific sociodemographic groups are particularly vulnerable to certain types of harassment.
What is the current role of intracavernosal injection in management of erectile dysfunction?.

El-Sakka AI.

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The emerging of intracavernosal injection (ICI) of vasoactive materials was a major breakthrough in the treatment of erectile dysfunction (ED). However, the current state and future direction of ICI role in the armamentarium of diagnosis, prevention and treatment of ED are not well defined. The aim of this study was to address the current place of ICI in the armamentarium of ED diagnosis and treatment. An English-language MEDLINE review for the utilization of 'intracavernosal injection & erectile dysfunction' was performed from 1990 to present time. Four hundred forty-eight articles were analyzed and classified according to the current utilization of ICI in the following conditions; diagnosis of ED, phosphodiesterase-5 inhibitor (PDE5I) non-responders, diabetes, post radical prostatectomy (RP), stem cells and gene therapy, new intracavernosal drugs, adverse effects and couple satisfaction. This paper is not a standard systematic review; it is eventually a literature review of original peer-reviewed manuscripts and clinical trials reported in Medline. The comprehensive analyses of all the reviewed data were not possible as the level of evidence for utility of ICI in each topic was not available. Current date have established the role of ICI of vasoactive materials as a very common alternative domain in treatment of severe ED particularly in diabetic patients, post-RP, PDE5I non-responders. Further, new studies have denoted the potential future role of intracavernosal treatment for ED in the era of stem cells and
gene therapy. ICI of vasoactive material continues to be a highly effective and safe treatment tool for men with wide varieties of ED etiologies. Several experimental and clinical studies are currently investigating new ICI materials. Hopefully in the near future, we might witness evolved molecules and innovative strategies that could help to treat ED patients with different etiologies.

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860.
Penile intracavernosal pillars: lessons from anatomy and potential implications for penile prosthesis placement.
Pagano MJ; Weinberg AC; Deibert CM; Hernandez K; Alukal J; Zhao L; Wilson SK; Egydio PH; Valenzuela RJ.
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[Journal Article]
UI: 27053154
The objective of this study was to anatomically describe the relationship of penile intracavernosal pillars to penile surgery, specifically corporal dilation during penile prosthesis placement. Corpora cavernosa from four embalmed male cadavers were dissected and subjected to probe dilation. Corpora were cross-sectioned and examined for the gross presence and location of pillars and dilated spaces. Infrapubic penile prosthesis insertion was performed on one fresh-frozen cadaveric male pelvis, followed by cross-sectioning. A single patient had intracavernosal pillars examined intraoperatively during Peyronie's plaque excision and penile prosthesis insertion.
Intracavernosal pillars were identified in all cadavers and one surgical patient, passing obliquely from the dorsolateral tunica albuginea across the sinusoidal space to the ventral intercorporal septum. This delineated each corpus into two potential compartments for dilation: dorsomedial and ventrolateral. Dorsal dilation seated instruments and prosthetics satisfactorily in the dorsal mid glans and provided additional tissue coverage over weak ventral areas of the tunica albuginea, while ventrolateral dilation appeared to result in ventral seating and susceptibility to perforation. Intracavernosal pillars are an important anatomic consideration during penile prosthesis placement. Dorsal dilation appears to result in improved distal seating of cylinder tips, which may be protective against tip malposition, perforation or subsequent erosion.

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MEDLINE

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Surgical treatment of Peyronie's disease with small intestinal submucosa graft patch.
Cosentino M; Kanashiro A; Vives A; Sanchez J; Peraza MF; Moreno D; Perona J; De Marco V; Ruiz-Castane E; Sarquella J.
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[Journal Article]
UI: 27030055

The objective of the study was to report our results using a porcine small intestinal submucosa graft (Surgisis ES, Cook Medical) for tunica albuginea substitution after plaque incision. We retrospectively evaluated patients surgically treated at our institution for Peyronie's disease (PD) by means of plaque incision and porcine small intestinal submucosa grafting (Surgisis) between 2009 and 2013. At the same time a literature review was conducted, searching for similar reports and results. Forty-four patients were identified who had been diagnosed with PD between 2009 and the beginning of 2013, and had been treated with corporoplasty, plaque incision and grafting with Surgisis for a severe curvature of the penis. Curvature of the penis was dorsal in 40 patients (90%) and laterally on the right in 4 patients (10%). Mean duration of surgery was 165min (range 90-200). Mean size of the graft was 6.5cm(2) and the mean follow-up was 19.2 months (range 11-48). In patients with severe curvature of the penis due to PD and the need for corporoplasty with plaque incision and graft placement, Surgisis represents a good option with a low risk of complications, below the rate described with previously investigated graft tissues.

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Sanchez, J. Andrology Department, Fundacio Puigvert, Universitat Autonoma de Barcelona, Barcelona, Spain.
Mesenchymal stem cell-based gene therapy for erectile dysfunction. [Review]
Kim JH; Lee HJ; Song YS.
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[Journal Article. Review]
UI: 26888355

Despite the overwhelming success of PDE5 inhibitor (PDE5I), the demand for novel pharmacotherapeutic and surgical options for ED continues to rise owing to the increased proportion of elderly individuals in the population, in addition to the growing percentage of ED patients who do not respond to PDE5I. Surgical treatment of ED is associated with many complications, thus warranting the need for nonsurgical therapies. Moreover, none of the above-mentioned treatments essentially corrects, cures or prevents ED. Although gene therapy is a promising option, many challenges and obstacles such as local inflammatory response and random transgene expression, in addition to other safety issues, limit its use at the clinical level.
The use of stem cell therapy alone also has many shortcomings. To overcome these inadequacies, many scientists and clinicians are investigating new gene and stem cell therapies.

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Psoriasis is a chronic inflammatory skin disease and seems to be associated with erectile dysfunction (ED). ED is a predictor of future cardiovascular disease. It is important to identify ED early and investigate cardiovascular problems in psoriasis patients. The sample consisted of 191 psoriasis patients and 191 healthy men. One hundred and one of 191 (52.9%) patients with psoriasis were indicative of ED, compared with 40.3% in control group, reflecting an age-adjusted odds ratio of 1.965 in favor of the psoriasis group. A univariate analysis in the psoriasis group indicated that age, hypertension, hyperlipidemia, diabetes mellitus and depressive symptoms
were the risk factors for ED. The multivariate logistic regression model indicated that increasing age, hypertension, hyperlipidemia and depressive symptoms were independent risk factors for ED in psoriasis. The more severe depressive symptoms increased the risk of ED and especially moderate-severe ED. The diagnosis of ED may help prevent emotional and physical discomfort in men and aid in identifying reversible cardiovascular risk factors. Screening of ED may become a part of routine care in the management of psoriasis patients.

Status
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864.
The impact of prenatally diagnosed Klinefelter Syndrome on obstetric and neonatal outcomes.
Dotters-Katz SK; Humphrey WM; Senz KL; Lee VR; Shaffer BL; Caughey AB.
OBJECTIVE: The objective of this study was to examine the obstetric and neonatal outcomes as well as the associated hospital costs for pregnancies complicated by prenatally diagnosed Klinefelter Syndrome, 47,XXY.

STUDY DESIGN: We conducted a retrospective cohort study of all singleton deliveries in California from 2005 to 2008 using vital statistics and ICD-9 data, specifically identifying cases of fetal Klinefelter Syndrome. Specifically, we were interested in the outcomes of preterm delivery, preeclampsia, intrauterine fetal demise, cesarean delivery, neonatal death, respiratory distress syndrome (RDS), small for gestational age, large for gestational age, neonatal death, and infant death. Bivariate and multivariate analyses were used to compare pregnancies and neonates affected by prenatally diagnosed Klinefelter Syndrome to those that were not affected with 47,XXY.

RESULTS: There were 2,029,000 deliveries in the cohort, including 52 women with prenatally diagnosed 47,XXY. Advanced maternal age, completion of 12th grade, and private insurance were all associated with a prenatal diagnosis of Klinefelter Syndrome. Compared to unaffected deliveries, pregnancies complicated by prenatally diagnosed Klinefelter Syndrome had higher rates of preterm delivery (23.1% vs 9.9%, p=0.0004), cesarean delivery (50.0% vs 30.2%, p=0.004), and RDS (9.6% vs 1.2%, p=<0.0001). Infants with 47,XXY were markedly more likely to be small for gestational age, including less than the 10th, 5th and 3rd percentile (aOR 5.86 (95% CI 2.99, 11.46), 6.03 (95% CI 2.52, 14.43), and 8.28 (95% CI 3.22, 21.25), p<0.001). Rates of neonatal death were 9.5 times higher (1.9% vs 0.2% p<0.0001) in the 47,XXY cohort, and rates of infant death were more than 50 times higher (5.8% vs 0.1%, p<0.0001). In the adjusted analysis, prenatally diagnosed 47,XXY was associated with increased odds of preterm delivery <32 weeks (OR 6.81, 95% CI 2.38, 19.52), IVH (OR 9.08, 95% CI 1.22, 67.7), RDS (OR 8.32, 95% CI 3.22, 21.49), neonatal death (OR 9.77, 1.33, 71.79), and infant death (OR 62.73, 95% CI 19.34, 203.4).

CONCLUSION: Pregnancies affected by prenatally diagnosed Klinefelter Syndrome are at an increased risk of adverse fetal and neonatal outcomes. These findings may be helpful when counseling families with pregnancies affected by fetal 47,XXY.

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865.
Transutricular seminal vesiculoscopy in the management of symptomatic midline cyst of the prostate.
Kang PM; Seo WI; Yoon JH; Kim TS; Chung JI.
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PURPOSE: To evaluate the utility of transutricular seminal vesiculoscopy as a diagnostic and therapeutic option for symptomatic midline cyst of the prostate in patients with hematospermia and symptoms associated with prostatitis.
MATERIALS AND METHODS: From January 2005 to July 2013, 61 patients with symptomatic (hematospermia, pain on ejaculation, scrotal discomfort) midline cyst of the prostate, who did not improve with medication within a 4-week period, were included. Diagnosis of a midline cyst of the prostate was based on an anechoic round or spheroid-shaped lesion in the median, above the level of the verumontanum, extending into the prostatic base on transrectal ultrasonography (TRUS). All patients underwent transutricular seminal vesiculoscopy using a 9.0 Fr rigid ureteroscope and Bugbee electrode. Medical records, the Chronic Prostatitis Symptom Index (NIH-CPSI), and TRUS were used for assessment for more than 3 months after the procedure.

RESULTS: Of the 61 patients, 32 (52.4 %) had hematospermia, 20 (32.7 %) had symptoms associated with chronic pelvic pain syndrome, such as perineal pain, scrotal discomfort, and testicular pain, and nine (14.7 %) patients had ejaculatory disturbances, such as painful or uncomfortable ejaculation and anejaculation as major complaints/symptoms. In endoscopic findings, hemorrhage was present in the dilation of the prostatic utricle and in the seminal vesicle in 11 (18.0 %) and 21 (34.4 %) of the patients, respectively. Calculi were found in the dilation of the prostatic utricle and in the seminal vesicle in 12 (19.7 %) and six (9.8 %), respectively. Hematospermia resolved in 29 of 32 (90.6 %) patients after transutricular seminal vesiculoscopy. In 29 patients with chronic pelvic pain syndrome and ejaculatory disturbances, NIH-CPSI scores improved, from 19.0 +/- 3.8 to 11.8 +/- 3.6 (p < 0.001), after treatment. The pain domain and quality-of-life domain scores of the NIH-CPSI were better postsurgery than presurgery (p < 0.001). Acute epididymitis, as a postoperative complication, was observed in two patients (3.3 %).

CONCLUSIONS: There are various endoscopic findings in the dilation of prostatic utricle and seminal vesicle such as hemorrhage, calculi or/and purulent material in the patients with midline cyst of the prostate. The role of transutricular seminal vesiculoscopy in reducing symptoms may be mediated through the effects of endoscopic fenestration, removal of blood clots, calculi, or whitish debris and/or electrocautery of intracystic hemorrhage. This endoscopic technique enables useful diagnostic and therapeutic approaches for symptomatic midline cysts of the prostate.
Pathophysiology of visual disorders induced by phosphodiesterase inhibitors in the treatment of erectile dysfunction. [Review]
Moschos MM; Nitoda E.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Drug design, development & therapy. 8:3407-3413, 2016.
[Journal Article. Review]
UI: 27799745

AIM: The aim of this review was to summarize the ocular action of the most common phosphodiesterase (PDE) inhibitors used for the treatment of erectile dysfunction and the subsequent visual disorders.

METHOD: This is a literature review of several important articles focusing on the pathophysiology of visual disorders induced by PDE inhibitors.

RESULTS: PDE inhibitors have been associated with ocular side effects, including changes in color vision and light perception, blurred vision, transient alterations in electroretinogram (ERG), conjunctival hyperemia, ocular pain, and photophobia. Sildenafil and tadalafil may induce reversible increase in intraocular pressure and be involved in the development of non-arteritic ischemic optic neuropathy. Reversible idiopathic serous macular detachment, central serous chorioretinopathy, and ERG disturbances have been related to the significant impact of sildenafil and tadalafil on retinal perfusion.

DISCUSSION: So far, PDE inhibitors do not seem to cause permanent toxic effects on chorioretinal tissue and photoreceptors. However, physicians should write down any visual symptom observed during PDE treatment and refer the patients to ophthalmologists.
867.
Dissociation in patients with schizophrenia spectrum disorders: What is the role of different types of childhood adversity?.
Schroeder K; Langeland W; Fisher HL; Huber CG; Schafer I.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Comprehensive Psychiatry. 68:201-8, 2016 07.
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 27234203
AIMS: Our study aimed to explore the effects of different types of adverse childhood experiences (e.g. domestic violence, early loss, parental dysfunction, sexual and physical abuse) as well as experiences of sexual and physical abuse in adulthood on dissociative symptoms in adult patients with schizophrenia-spectrum disorders.
METHODS: 145 patients were examined for psychotic symptoms with the Positive and Negative Syndrome Scale (PANSS), for dissociative symptoms with the German version of the Dissociative Experiences Scale (DES) and for adverse experiences in childhood and adulthood with the Structured Trauma Interview (STI).
RESULTS: Childhood physical abuse was reported by 32%, childhood sexual abuse by 17% of the patients. Other forms of childhood adversity were also quite common; 18% had witnessed domestic violence, 26% reported early loss, and nearly half of patients reported at least one condition potentially related to parental dysfunction. The DES total score was significantly
associated with childhood sexual abuse, witnessing of domestic violence and paternal dysfunction, as well as with physical violence in adulthood. In the final regression model, reports of paternal dysfunction and sexual abuse in childhood were independently associated with adult dissociation. Variance in dissociative symptoms was mainly explained by paternal dysfunction (18%).

CONCLUSION: Substantial rates of childhood adversity were found and specific associations were evident with adult dissociation amongst psychosis patients who reported sexual abuse or paternal dysfunction in childhood. Therefore, it is important that patients with schizophrenia-spectrum disorders are routinely asked about a broad range of possible adverse childhood experiences in order to provide appropriate interventions.

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Demographic, clinical, and psychological factors influencing sexual activity cessation in patients with angiographically-confirmed ischaemic heart disease.

Sobczak MA; Qawoq HD; Krawczyk M; Wierzbowska-Drabik K; Kasprzak JD.
INTRODUCTION: Sexual activity constitutes a significant aspect of health considerably influencing self-assessment of the quality of life. In Poland, data regarding the return in patients with ischaemic heart disease (IHD) to sexual activity are scarce and inadequate.

AIM: The aim of this work is to analyse the return to sexual activity in patients with IHD after a hospitalisation related to invasive diagnostics of coronary arteries as well as to identify predisposing factors associated with cessation of sexual activity.

MATERIAL AND METHODS: 98 patients with angiographically documented IHD were involved in retrospective analysis. 46 patients (46.9%) were diagnosed with myocardial infarction (MI), 29 (29.6%) with stable angina (SA) and 23 (23.5%) with unstable angina (UA). Demographic, clinical and psychological factors were assessed. Beck Depression Inventory, State-Trait Anxiety Inventory, Acceptance of Illness Scale, and EuroQol-5D health questionnaires were used.

RESULTS: The cessation of sexual activity after a hospitalisation due to invasive diagnostics of coronary arteries was noted almost in 1/3 of the IHD patients within 6-months observation period. There were no statistically significant differences in the percentages of sexually active and inactive patients related to gender. The elderly patients were more likely to cease sexual activity (p = 0.006). Sexually active patients also represented significantly lower level of anxiety-trait (p = 0.0003) and anxiety-state (p = 0.001). They also had a higher level of the acceptance of the disease (p = 0.002) at the end of hospitalisation and presented significantly lower severity of depression (p = 0.02).

CONCLUSIONS: Cessation of sexual activity in patients with IHD after a hospitalisation due to coronarography is associated with their older age, being single, obesity, lower quality of life, depression, higher level of anxiety, and lower acceptance of illness. Underestimating or omitting the realm of sexual health of hospitalised patients with IHD affects the patients’ return to sexual activity. Patients with IHD, who decided to discuss, during their hospitalisation, the impact of cardiac disease and the invasive procedure they had undergone on their sexual activity, more frequently return to sexual activity over the 6-months observation period.
869.
Sexuality of dissocial persons. [Review]
Janus M; Szulc A.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 27086338

INTRODUCTION: The development of personality disorders as well as sexual disorders is defined by the common time spectrum as well as deficits and changes in such areas as biological, environmental and mental area. Dissocial (antisocial) personality disorder is characterised by a pervasive pattern of disregard for, or violation of, the rights of others. The indices of the discussed disorder can be found in specific patterns of social inadequacy occurring during childhood and puberty. At the same time, characteristic indices of social functioning at a young age often indicate subsequent dysfunctions in the area of sexuality.
AIM: The aim of this paper is to explain sexual functioning of persons with dissocial personality disorder (including the relation with sexual dysfunctions), and to ascertain issues that need further empirical studies.
METHOD: As a result of analysis of available literature (matched with EBSCO database search fulfilling criteria of sample size, accuracy of examination procedure, conclusions and discussion) 5 articles fulfilling criteria cited above has been found.
CONCLUSIONS: Based on literature overview, it appeared to be impossible to determine one coherent way of sexual functioning of dissocial persons, and to establish causal relationship of
sexual dysfunctions and dissocial personality disorder. However, it is possible to indicate group of most characteristic dysfunctional sexual behaviours. Noteworthy, available publication analyse only selected aspects of sexual behaviours in small, homogenous groups. There is a lack of review studies as well as multi-faceted studies.

Status MEDLINE

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2016

870.

Study of the relationship between male erectile dysfunction and type 2 diabetes mellitus/metabolic syndrome and its components.

Chaudhary RK; Shamsi BH; Tan T; Chen HM; Xing JP.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 27036148

AIM: To study the relationship between erectile dysfunction and type 2 diabetes mellitus (T2DM)/metabolic syndrome (MetS).

METHODS: This prospective study invited male patients with T2DM attending for a routine outpatient check-up to complete two questionnaires. A general questionnaire was used to collect demographic and clinical characteristics, while sexual function was assessed using the International Index of Erectile Function scoring system. The prevalence of MetS in this patient population was determined using information from the general questionnaire. Risk factors for erectile dysfunction were identified using univariate and multivariate logistic regression analyses.
RESULTS: A total of 175 patients provided valid questionnaires; of these, 148 (84.6%) had MetS. The prevalence of erectile dysfunction was 90.9% (159/175) in the entire survey population compared with 89.2% (132/148) in patients with MetS. Multivariate logistic regression analysis identified the following risk factors for erectile dysfunction in patients with T2DM and/or MetS: age, blood pressure and duration of diabetes.

CONCLUSION: These current findings suggest that the MetS and its components have a negative impact on male erectile function.

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20160526

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Outcome of intracytoplasmic sperm injection using fresh and cryopreserved-thawed testicular spermatozoa in 83 azoospermic men with Klinefelter syndrome.
Vicdan K; Akarsu C; Sozen E; Buluc B; Vicdan A; Yilmaz Y; Biberoglu K.
AIM: To report the outcome of intracytoplasmic sperm injection (ICSI) cycles using fresh or cryopreserved-thawed testicular spermatozoa of men with Klinefelter syndrome (KS).

METHODS: Medical records of 83 azoospermic men with KS who underwent testicular sperm extraction (TESE) were reviewed. The clinical parameters for predicting sperm retrieval and fertilization, implantation, pregnancy and live birth rates of ICSI cycles in these patients were evaluated.

RESULTS: A total of 88 TESE procedures were performed with sperm retrieval rates of 39.8% per cycle (35/88) and 42.1% per patient (35/83). None of the studied clinical parameters were found to be informative in predicting successful sperm recovery. A total of 41 embryo transfer cycles were carried out using fresh testicular spermatozoa in 30, cryopreserved-thawed spermatozoa in 10 and cryopreserved-thawed embryo replacement in one. The fertilization and clinical pregnancy rates were comparable at 52.7% and 51.6% with fresh and 48.3% and 60% with cryopreserved-thawed testicular spermatozoa groups, respectively. Twenty-two clinical pregnancies were obtained, including 14 singletons, five twins, two triplets and one quadruplet and ended with the delivery of 13 singletons and six twins. In total, out of 25 delivered fetuses, four died (3 female, 1 male) following delivery and 21 newborns (14 female, 7 male) were healthy with a female to male ratio of 2:1. Conclusions We concluded that no clinical or laboratory parameter predicts the presence of spermatozoa in patients with KS, except the TESE procedure itself. The use of fresh or cryopreserved-thawed spermatozoa on ICSI cycle outcomes are equally successful in patients with KS.

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Primary Care of the Prostate Cancer Survivor. [Review]
Noonan EM; Farrell TW.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
American Family Physician. 93(9):764-70, 2016 May 01.
[Journal Article. Review]
UI: 27175954

This summary of the American Cancer Society Prostate Cancer Survivorship Care Guidelines targets primary care physicians who coordinate care of prostate cancer survivors with subspecialists. Prostate cancer survivors should undergo prostate-specific antigen screening every six to 12 months and digital rectal examination annually. Surveillance of patients who choose watchful waiting for their prostate cancer should be conducted by a subspecialist. Any hematuria or rectal bleeding must be thoroughly evaluated. Prostate cancer survivors should be screened regularly for urinary incontinence and sexual dysfunction. Patients with predominant urge incontinence symptoms, which can occur after surgical and radiation treatments, may benefit from an anticholinergic agent. If there is difficulty with bladder emptying, a trial of an alpha blocker may be considered. A phosphodiesterase type 5 inhibitor can effectively treat sexual dysfunction following treatment for prostate cancer. Osteoporosis screening should occur before initiation of androgen deprivation therapy, and patients treated with androgen deprivation therapy should be monitored for anemia, metabolic syndrome, and vasomotor symptoms. Healthy lifestyle choices should be encouraged, including weight management, regular physical activity, proper nutrition, and smoking cessation. Primary care physicians should be vigilant for psychosocial distress, including depression, among prostate cancer survivors, as well as the potential impact of this distress on patients’ family members and partners.
AIMS: We studied whether first morning voided (FMV) urinary gonadotropin measurements could be used as a noninvasive alternative to the GnRH test in the assessment of the hypothalamic-pituitary-gonadal function in children.

METHODS: In a single-center study, we compared FMV urinary gonadotropin concentrations with basal and GnRH-stimulated serum gonadotropin levels in 274 children and adolescents (78 girls, 196 boys) aged 5-17 years referred for growth and pubertal disorders. The concordance between FMV urinary gonadotropin concentrations and GnRH test results was assessed.

RESULTS: FMV urinary LH (U-LH), urinary FSH (U-FSH) and their ratios correlated well with the corresponding basal and GnRH-stimulated serum parameters (r > 0.66, p < 0.001). Receiver operating characteristic curve analyses using urinary and serum LH and FSH concentrations showed that FMV U-LH and U-LH/U-FSH performed equally well as the GnRH test in the differentiation of early puberty (Tanner stage 2) from prepuberty (Tanner stage 1) (area under the
curve 0.768-0.890 vs. 0.712-0.858). FMV U-LH and U-LH/U-FSH performed equally well as basal serum LH in predicting a pubertal GnRH test result (area under the curve 0.90-0.93).

CONCLUSION: FMV U-LH determination can be used for the evaluation of pubertal development and its disorders, reducing the need for invasive GnRH stimulation tests.

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Date Created
20160602
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2016

874.
Early experience with endoscopic lumbar sympathectomy for plantar hyperhidrosis.
Singh S; Kaur S; Wilson P.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 26822187
OBJECTIVE: We describe our endoscopic lumbar sympathectomy technique and our early experience using it to treat plantar hyperhidrosis.

METHODS: We reviewed 20 lumbar sympathectomies performed in our vascular unit for plantar hyperhidrosis in 10 patients from 2011 and 2014. Demographics and outcomes were analyzed and a review of the literature conducted.

RESULTS: All procedures were carried out endoscopically with no intraoperative or postoperative morbidity. Plantar anhidrosis was achieved in all the patients, although two patients (20%) suffered a relapse. Unwanted side-effects occurred in the form of compensatory sweating in three
patients (30%) and post-sympathectomy neuralgia in two patients (20%). None of the patients experienced sexual dysfunction.

CONCLUSION: Management of plantar hyperhidrosis may be based upon a therapeutic ladder starting with conservative measures and working up to surgery depending on the severity of the disease. Minimally invasive (endoscopic) sympathectomy for the thoracic chain is well established, but minimally invasive sympathectomy for the lumbar chain is a relatively new technique. Endoscopic lumbar sympathectomy provides an effective, minimally invasive method of surgical management, but long-term data are lacking.

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Wilson, Paul. Department of General Surgery, Royal Lancaster Infirmary, University Hospitals of Morecambe Bay NHS Foundation Trust, Lancaster, UK.

Dosage of Sex Chromosomal Genes in Blood Deposited on Filter Paper for Neonatal Screening of Sex Chromosome Aneuploidy.
Campos-Acevedo LD; Ibarra-Ramirez M; de Jesus Lugo-Trampe J; de Jesus Zamudio-Osuna M; Torres-Munoz I; Del Roble Velasco-Campos M; Rojas-Patlan L; Rodriguez-Sanchez IP; Martinez-de-Villarreal LE.
AIMS: In this study, we examined the doses of the stature homeobox (SHOX), vesicle-associated membrane protein 7 (VAMP7), and SRY genes to establish a protocol for using peripheral blood samples deposited on filter paper for the screening of sex chromosome aneuploidy in neonates. We also measured correlations with karyotypes to assess this method as a neonatal screening strategy.

MATERIALS AND METHODS: This was an observational, descriptive, comparative blind study. Thirty-two healthy young adults (17 women, 15 men; age, >18 years), four patients with known sex chromosome aneuploidy (positive control group), and 1000 healthy newborns were included. Gene dosages were determined using quantitative real-time polymerase chain reaction (RT-PCR). Values with standard deviations (SDs) of three or more were considered abnormal.

RESULTS: Men and women differed in the gene dosage of the SRY gene. Cases with Turner syndrome showed values below 3 SDs for SHOX and VAMP7 genes, and cases with Klinefelter syndrome showed values above 3 SDs for SHOX and VAMP7 genes. Two suspected cases of sex chromosome aneuploidy were diagnosed using our neonatal screening strategy; these cases were confirmed as Turner syndrome and 47,XYY syndrome by karyotyping.

CONCLUSIONS: Our data establish a basis for the determination of chromosomal sex and neonatal screening of sex chromosome aneuploidy using RT-PCR.

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Campos-Acevedo, Luis Daniel; Ibarra-Ramirez, Marisol; de Jesus Lugo-Trampe, Jose; de Jesus Zamudio-Osuna, Michelle; Torres-Munoz, Iris; Del Roble Velasco-Campos, Ma; Rojas-Patlan, Luz; Rodriguez-Sanchez, Iram Pablo; Martinez-de-Villarreal, Laura Elia.
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A prospective study of sexual and urinary function before and after total mesorectal excision.
Dulskas A; Samalavicius NE.
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[Journal Article]
UI: 26960814
PURPOSE: Although rectal cancer is a very common malignancy and has an improved cure rate in response to oncological treatment, research on rectal cancer survivors' urogenital function remains limited. In this study, urogenital dysfunction after surgical rectal cancer treatment was
measured and possible predisposing factors that may have an impact on the development of this disorder were discussed.

METHODS: One hundred eight patients undergoing curative rectal cancer surgery from January 2008 to December 2014 were questioned using questionnaires: male urinary function was assessed using the International Prostatic Symptom Score (IPSS) questionnaire, for sexual function-International Index of Erectile Function (IIEF). The Bristol Female Lower Urinary Tract Symptoms (BFLUTS) questionnaire and the Female Sexual Function Index (FSFI) were used for female urogenital function assessment prior to the operation and 6 months postoperatively.

RESULTS: A total of 67.0 % of male (36) and 33.0 % (18) of female patients who completed the questionnaire were included in the study. Preoperatively, male urinary dysfunction was 80.1 % and postoperatively-88.9 %. In female patients, preoperative urinary dysfunction was seen in 75.0 % patients, postoperatively-78.0 %. Erectile dysfunction was seen in 41.7 % males preoperatively and in 63.9 % postoperatively. A total of 83.3 % of female patients had sexual dysfunction preoperatively and 94 % postoperatively.

CONCLUSION: Sexual and urinary problems after surgery for rectal cancer are common. Preoperative genitourinary dysfunction is not uncommon in patients older than 60 years as well. Female patients reported higher rates of sexual dysfunction than males. These results point out the importance of sexual and urinary (dys)function in survivors of rectal cancer. More attention should be drawn to this topic for clinical and research purposes.

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2016
Schwannomas, although common in the head and limbs, are an exceedingly rare tumor of the penis. We conducted a systematic review to include 33 patients with schwannoma of the penile shaft or glans penis. Most patients presented with a single painless nodule on the dorsal aspect of the penile shaft. These nodules were slow growing, with an average of 62 months from the onset to presentation. Several cases were accompanied by sexual dysfunction. Most histologic studies were consistent, with a benign schwannoma that showed a palisading Antoni A and Antoni B pattern without malignant changes in cell morphology. Of the 14 studies in which a history of genetic disease was investigated, only 2 reported a connection to neurofibromatosis. These tumors were treated with surgical excision, and 4 malignant cases received additional chemotherapy or radiotherapy. All the patients had achieved full remission by the final follow-up examination. Given the rarity of this tumor, the present review of available case studies serves to comprehensively describe the clinical presentation and treatment approaches to penile schwannoma.

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A Pooled Analysis of Robotic Versus Laparoscopic Surgery for Total Mesorectal Excision for Rectal Cancer. [Review]
Wang Y; Zhao GH; Yang H; Lin J.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
UI: 27213786

OBJECTIVE: We conducted the meta-analysis to evaluate the safety and efficacy of robotic total mesorectal excision (RTME) compared with laparoscopic total mesorectal excision (LTME) in treatment of rectal cancer.

MATERIALS AND METHODS: A systematic search of Medline, Embase databases, and the Cochrane Library was performed to identify studies that compared RTME versus LTME for rectal cancer and were published up to July 2014. The methodological quality of the selected studies was assessed. Depending on statistical heterogeneity, the fixed or random effect model was used for the meta-analysis. Outcomes of interest and related outcomes were evaluated.

RESULTS: Eight studies were included in the meta-analysis. These studies involved a total of 1229 patients, 554 of whom underwent RTME and 675 of whom underwent LTME. The meta-analysis showed that RTME had lower conversion rate and positive rate of circumferential resection margins, and lesser incidence of erectile dysfunction.

CONCLUSIONS: Our study suggests that RTME for rectal cancer appears to be a safe, feasible, and minimally invasive alternative to its laparoscopic counterpart. But the long-term outcomes between the 2 techniques need to be further examined.

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Computed tomography cephalometric and upper airway measurements in patients with OSA and erectile dysfunction.

Drakatos P; Karkoulias K; Giannitsas K; Kalogeropoulou C; Papapanagiotou N; Lykouras D; Sampsonas F; Petsas T; Perimenis P; Spiropoulos K.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

PURPOSE: Erectile dysfunction (ED) has been linked to obstructive sleep apnea (OSA). This study used computed tomography (CT) to identify cephalometric and upper airway anatomic features in patients with OSA that correlate with the presence of ED.

METHODS: In this prospective study, 20 CT cephalometric and upper airway measurements, most commonly associated with OSA, were analyzed in 53 age- and BMI-matched consecutive eligible subjects. Twenty-two were diagnosed with OSA and ED (OSA+/ED+), 17 with OSA without ED (OSA+/ED-), and 14 without OSA and ED (OSA-/ED-) serving as a control group.

RESULTS: Although OSA+/ED+ did not differentiate significantly in CT measurements from OSA-/ED-, they showed more alterations when compared to OSA-/ED-, which included narrower bony oropharynx, longer soft palate and uvula (PNS-P), and narrower retropalatal and retrolingual airway diameter (p<0.05). Binary forward stepwise model analysis showed that PNS-P was the only significant variable in the predictive model for ED in patients with OSA (OR=1.129, 95 % CI=1.0005-1.268, p=0.041). In the OSA+/ED+ group, PNS-P correlated with the percentage of total sleep time with oxygen saturation <90 % (r=0.61, p<0.01) and was the only determinant in the relevant predictive model (n=22, model R=0.612, adjusted R (2)=0.337, F=10.167, p<0.005).

CONCLUSIONS: Characteristics of the craniofacial and upper airway structures suggest that a longer soft palate and uvula may be important risk factors for the concurrence of ED in patients.
with OSA. Only OSA+/ED+ showed significant narrowing in the retropalatal, retrolingual, and bony oropharynx level when compared with BMI-matched OSA-/ED-.

Status
MEDLINE

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880.
Testosterone treatment and risk of venous thromboembolism: population based case-control study.
Martinez C; Suissa S; Rietbrock S; Katholing A; Freedman B; Cohen AT; Handelsman DJ.
OBJECTIVE: To determine the risk of venous thromboembolism associated with use of testosterone treatment in men, focusing particularly on the timing of the risk.

DESIGN: Population based case-control study

SETTING: 370 general practices in UK primary care with linked hospital discharge diagnoses and in-hospital procedures and information on all cause mortality.

PARTICIPANTS: 19215 patients with confirmed venous thromboembolism (comprising deep venous thrombosis and pulmonary embolism) and 909530 age matched controls from source population including more than 2.22 million men between January 2001 and May 2013.

EXPOSURE OF INTEREST: Three mutually exclusive testosterone exposure groups were identified: current treatment, recent (but not current) treatment, and no treatment in the previous two years. Current treatment was subdivided into duration of more or less than six months.

MAIN OUTCOME MEASURE: Rate ratios of venous thromboembolism in association with current testosterone treatment compared with no treatment were estimated using conditional logistic regression and adjusted for comorbidities and all matching factors.

RESULTS: The adjusted rate ratio of venous thromboembolism was 1.25 (95% confidence interval 0.94 to 1.66) for current versus no testosterone treatment. In the first six months of testosterone treatment, the rate ratio of venous thromboembolism was 1.63 (1.12 to 2.37), corresponding to 10.0 (1.9 to 21.6) additional venous thromboembolisms above the base rate of 15.8 per 10000 person years. The rate ratio after more than six months' treatment was 1.00 (0.68 to 1.47), and after treatment cessation it was 0.68 (0.43 to 1.07). Increased rate ratios within the first six months of treatment were observed in all strata: the rate ratio was 1.52 (0.94 to 2.46) for patients with pathological hypogonadism and 1.88 (1.02 to 3.45) for those without it, and 1.41 (0.82 to 2.41) for those with a known risk factor for venous thromboembolism and 1.91 (1.13 to 3.23) for those without one.

CONCLUSIONS: Starting testosterone treatment was associated with an increased risk of venous thromboembolism, which peaked within six months and declined thereafter.

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Status

MEDLINE

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Year of Publication

2016

Subclinical Vascular Disease and Subsequent Erectile Dysfunction: The Multiethnic Study of Atherosclerosis (MESA).

Feldman DI; Cainzos-Achirica M; Billups KL; DeFilippis AP; Chitaley K; Greenland P; Stein JH; Budoff MJ; Dardari Z; Miner M; Blumenthal RS; Nasir K; Blaha MJ.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
BACKGROUND: The association between subclinical cardiovascular disease and subsequent development of erectile dysfunction (ED) remains poorly described.

HYPOTHESIS: Among multiple subclinical atherosclerosis and vascular dysfunction measurements, coronary artery calcium (CAC) score best predicts ED.

METHODS: After excluding participants taking ED medications at baseline, we studied 1862 men age 45 to 84 years free of known cardiovascular disease from the Multi-Ethnic Study of Atherosclerosis (MESA) with comprehensive baseline subclinical vascular disease phenotyping and ED status assessed at MESA visit 5 (9.4 +/- 0.5 years after baseline) using a standardized question on ED symptoms. Multivariable logistic regression was used to assess the associations between baseline measures of vascular disease (atherosclerosis domain: CAC, carotid intima-media thickness, carotid plaque, ankle-brachial index; vascular stiffness/function domain: aortic stiffness, carotid stiffness, brachial flow-mediated dilation) and ED symptoms at follow-up.

RESULTS: Mean baseline age was 59.5 +/- 9 years, and 839 participants (45%) reported ED symptoms at follow-up. Compared with symptom-free individuals, participants with ED had higher baseline prevalence of CAC score >100 (36.4% vs 17.2%), carotid intima-media thickness Z score >75th percentile (35.3% vs 16.6%), carotid plaque score >2 (39% vs 21.1%), carotid distensibility <25th percentile (34.6% vs 17.1%), aortic distensibility <25th percentile (34.2% vs 18.7%), and brachial flow-mediated dilation <25th percentile (28.4% vs 21.3%); all P < 0.01. Only CAC >100 (odds ratio: 1.43, 95% confidence interval: 1.09-1.88) and carotid plaque score >2 (odds ratio: 1.33, 95% confidence interval: 1.02-1.73) were significantly associated with ED.

CONCLUSIONS: Subclinical vascular disease is common in men who later self-report ED. Early detection of subclinical atherosclerosis, particularly advanced CAC and carotid plaque, may provide opportunities for predicting the onset of subsequent vascular ED.

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Incidence of pituitary dysfunction following traumatic brain injury: A prospective study from a regional neurosurgical centre.

Alavi SA; Tan CL; Menon DK; Simpson HL; Hutchinson PJ.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 26610235

Patients with traumatic brain injury (TBI) may develop pituitary dysfunction. Although, there is now increasing awareness of and investigations into such post-traumatic hypopituitarism (PTHP), the exact prevalence and incidence remain uncertain. Here, we aim to identify the incidence of PTHP in a selected population of TBI patients deemed at risk of PTHP at a regional neurosurgical centre in the UK. A total of 105 patients have been assessed in two cohorts: (i) 58 patients in serial cohort and (ii) 47 patients in cross-sectional late cohort. We found that in serial cohort, 10.3% (6/58) of TBI patients had abnormalities of the pituitary-adrenal axis in the acute phase (Day 0-7 post injury). In comparison, in cross-sectional late cohort, 21.3% (10/47) of the patients developed dysfunction in at least one of their pituitary axes at 6 months or more post-TBI, with hypogonadotrophic hypogonadism being the most common. Twenty-two patients from these two cohorts had their growth hormone assessment at 12 months or more post-TBI and 9.1% (2/22) were found to have growth hormone deficiency. Our results suggest that PTHP is a common condition amongst sufferers of TBI, and appropriate measures should be taken to detect and manage it.

Status

MEDLINE

Authors Full Name

Alavi, Seyed Alireza; Tan, Chin Lik; Menon, David K; Simpson, Helen L; Hutchinson, Peter J.

Institution
883.
Prevalence of erectile dysfunction and possible risk factors among men of South-Western Nigeria: a population based study.
Oyelade BO; Jemilohun AC; Aderibigbe SA.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27642462
INTRODUCTION: Erectile dysfunction (ED) is currently one of the most common sexual dysfunctions worldwide but it is usually underestimated because it is not a life threatening condition. The associated stigma makes men who have it to suffer in silence. This study was conducted to determine the prevalence of erectile dysfunction and the possible associated risk factors among Nigerian men.
METHODS: The study was a descriptive cross-sectional population based survey among men aged 30-80 years in Ogboroso, South-west, Nigeria. A multistage random sampling method was used. The instrument used was the International Index of Erectile Function Questionnaire-5 (IIEF-5). Unadjusted odds ratios of possible risk factors were calculated by univariate analyses. Binary
logistic regression analysis was used to eliminate the effect of possible confounders on the risk factors to get the adjusted odds ratios.

RESULTS: The general prevalence of ED in this study was 58.9%. Sixty-seven (47.2%), 16 (11.3%) and 59 (41.5%) respondents had mild, moderate and severe ED respectively. Age, hypertension, use of anti-hypertensive drugs, diabetes mellitus and heart disease all had significant unadjusted associations with ED, but their adjusted associations were not statistically significant. Diabetes mellitus maintained a positive statistically significant relationship with ED after adjustment for potential confounders [OR = 8.31(95% CI 1.02 - 67.65), P = 0.048].

CONCLUSION: The prevalence of ED is high among south-western Nigeria male adults. Physicians, especially primary care ones, need to pay more attention to the sexual history of their patients in order to diagnose and manage ED more frequently.
PURPOSE: The purpose of the study is to investigate screening in follow-up care to identify head and neck cancer (HNC) patients with untreated psychological distress.

METHODS: From November 2009 until December 2012, we investigated the use of OncoQuest (a touch screen computer system to monitor psychological distress (Hospital Anxiety and Depression Scale (HADS)) and quality of life (HRQOL; EORTC QLQ-C30 and H&N35 module) in routine follow-up care. Patients who screened positive for psychological distress (HADS-T >14, HADS-A >7, or HADS-D >7) were asked whether they received psychological or psychiatric treatment.

RESULTS: During the study period of 37 months, OncoQuest was used by 720 individual HNC patients, of whom 714 had complete HADS data. Psychological distress was present in 206 patients (29%). Of those patients who fulfilled in- and exclusion criteria (n=137), 25 received psychological treatment (18%). Receipt of psychological treatment was significantly related to a higher score on the HADS total scale (19.6 vs. 16.9; p=0.019), a lower (worse) score on the EORTC QLQ-C30 scale emotional functioning (46.0 vs. 58.6; p=0.023), a higher (worse) score on fatigue (58.2 vs. 46.4; p=0.032), problems with sexuality (44.1 vs. 34.4; p=0.043), oral pain (43.8 vs. 28.8; p=0.011) and speech problems (37.0 vs. 25.3; p=0.042).

CONCLUSIONS: Screening for psychological distress via OncoQuest is beneficial because 82% of HNC patients identified with an increased level of distress who do not yet receive mental treatment were identified. Patients who did receive treatment reported more distress and worse quality of life, which may be explained because patients with more severe problems maybe more inclined to seek help or might be detected easier by caregivers and referred to supportive care more often.

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885.
Fertility considerations and the pediatric oncology patient. [Review]
Lara R; Carmen C; Sabine S.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
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[Journal Article. Review]
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Recent years have witnessed marked improvement in cytotoxic treatments with a parallel increase in patient survival. Despite efforts done to minimize long-term side effects of these treatment regimens, it is estimated that 40% of survivors of pediatric cancer will suffer from those. Some will be mild whereas others such as impaired fertility will be a heavy load on parents’ expectations and patient's quality of life. Gonadal damage and severe loss of function is not a rare condition among children cured for cancer. Despite the young age of those patients, methods exist to try to reduce gonadal insult or to preserve gonadal function. Some of them are well studied and controlled; others are more experimental with encouraging results so far. This article aims to summarize all the procedures that can be offered to young patients treated for cancer in order to protect, as possible, their fertility potential.
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How safe is internal iliac artery embolisation prior to EVAR? A 10-year retrospective review.
McGarry JG; Alenezi AO; McGrath FP; Given MF; Keeling AN; Moneley DS; Leahy AL; Lee MJ. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Irish Journal of Medical Science. 185(4):865-869, 2016 Nov. [Journal Article] UI: 26597950

PURPOSE: Internal iliac artery (IIA) embolisation is commonly performed prior to endovascular aneurysm repair (EVAR) of aortoiliac aneurysms to prevent type 2 endoleaks via the internal iliac arteries. The safety of this procedure is controversial due to the high incidence of pelvic ischaemic complications.

METHODS: We undertook a retrospective review of all patients undergoing IIA embolisation before EVAR from 2002 to 2012, to determine incidence of, and factors associated with pelvic ischaemia.

RESULTS: Eight of 25 patients (32 %) experienced new-onset ischaemia, including erectile dysfunction (4 %), and buttock claudication (28 %) that persisted >6 months in only four patients.
(16 %). Both bilateral IIA embolisation and a shorter time interval to EVAR correlate with increased risk (p = 0.006 and p = 0.044). No co-morbidities or demographic factors were predictive.

CONCLUSIONS: We conclude that IIA embolisation remains a beneficial procedure, however, to minimise the risk of buttock claudication we advise against both bilateral IIA embolisation and short time intervals between embolisation and subsequent EVAR.

Status
MEDLINE

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20151124

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887.
The role of sexuality symptoms in myeloproliferative neoplasm symptom burden and quality of life: An analysis by the MPN QOL International Study Group.
BACKGROUND: Patients with myeloproliferative neoplasms (MPNs) including polycythemia vera, essential thrombocythemia, and myelofibrosis, are faced with oppressive symptom profiles that compromise daily functioning and quality of life. Among these symptoms, sexuality-related symptoms have emerged as particularly prominent and largely unaddressed. In the current study, the authors evaluated how sexuality symptoms from MPN relate to other patient characteristics, disease features, treatments, and symptoms.

METHODS: A total of 1971 patients with MPN (827 with essential thrombocythemia, 682 with polycythemia vera, 456 with myelofibrosis, and 6 classified as other) were prospectively evaluated and patient responses to the Myeloproliferative Neoplasm Symptom Assessment Form (MPN-SAF) and the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core 30 (EORTC-QLQ C30) were collected, along with information regarding individual disease characteristics and laboratory data. Sexuality scores were compared with an age-matched, healthy control population.

RESULTS: Overall, patients with MPN were found to have greater sexual dysfunction compared with the healthy population (MPN-SAF score of 3.6 vs 2.0; P<.001), with 64% of patients with MPN describing some degree of sexual dysfunction and 43% experiencing severe symptoms. The presence of sexual symptoms correlated closely with all domains of patient functionality (physical, social, cognitive, emotional, and role functioning) and were associated with a reduced quality of life. Sexual problems also were found to be associated with other MPN symptoms, particularly depression and nocturnal and microvascular-related symptoms. Sexual dysfunction was more severe in patients aged >65 years and in those with cytopenias and transfusion requirements, and those receiving certain therapies such as immunomodulators or steroids.

CONCLUSIONS: The results of the current study identify the topic of sexuality as a prominent issue for the MPN population, and this area would appear to benefit from additional investigation and management.

Geyer, Holly L; Andreasson, Bjorn; Kosiorek, Heidi E; Dueck, Amylou C; Scherber, Robyn M; Martin, Kari A; Butler, Kristina A; Harrison, Claire N; Radia, Deepti H; Cervantes, Francisco; Kiladjian, Jean-Jacques; Reiter, Andreas; Birgegard, Gunnar; Passamonti, Francesco; Senyak, Zhenya; Vannucchi, Alessandro M; Paoli, Chiara; Xiao, Zhijian; Samuelsson, Jan; Mesa, Ruben A.

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Comments
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20160604
Sexual function and hormone profile in young adult men with idiopathic gynecomastia: Comparison with healthy controls.

Sir E; Ucer O; Aksoy A; Gungor M; Ceylan Y.

OBJECTIVES: To compare sexual function and hormone profile in male patients with gynecomastia with matched controls.

MATERIALS-METHODS: Forty-seven male subjects with gynecomastia and thirty healthy controls were enrolled in this study. Serum free T3, free T4, TSH, FSH, prolactin, estradiol, total testosterone, free testosterone, DHEA-SO4, LH and total PSA were measured in the patients and controls. Sexual function of the patients and controls were evaluated using International Index of Erectile Function (IIEF). The hormone values and IIEF scores of the patients were statistically compared with the controls.

RESULTS: The mean of age, body mass index, right and left testicular volume in the patient and control group were similar. The mean FSH and free T3 values of the patients were significantly lower than the controls (p = 0.007 and p = 0.03, respectively). The mean of the other hormone values in the both groups were found to be statistically similar (p > 0.05). The mean +/-SD of total IIEF scores in the patient and control group were 60.14 +/- 8.78 and 65.24 +/- 5.52, respectively (p = 0.007). Although the mean IIEF-erectile function, orgasmic function and intercourse satisfaction scores in the patient group were significantly lower than the control group (p < 0.001, p = 0.004 and p = 0.001, respectively), the mean IIEF-desire score of the patients was significantly higher than the controls (p = 0.002).

CONCLUSION: We found that the hormone profiles (except FSH and free T3) of the patients with gynecomastia were similar with the controls. However, gynecomastia adversely affected male sexual function.

Status
Avanafil - a further step to tailoring patient needs and expectations. [Review]
Boeri L; Capogrosso P; Ventimiglia E; Serino A; La Croce G; Russo A; Damiano R; Montorsi F; Salonia A.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Comparative Study. Journal Article. Review]
UI: 27232892

INTRODUCTION: Phosphodiesterase type 5 inhibitors (PDE5Is) represent the first-line treatment for erectile dysfunction (ED). Almost one in two patients, however, show some level of treatment dissatisfaction and up to 30% fail to respond to any of the currently available PDE5Is. Recently, the second-generation PDE5i avanafil was launched for the treatment of ED.

AREAS COVERED: Pivotal studies of clinical development along with placebo-controlled randomized clinical trials (RCTs) of avanafil in patients with ED were reviewed. Studies concerning the pharmacokinetics and pharmacodynamic of the drug were also analysed. A systematic literature search for English-language studies published up to May 2016 using the
Medline database was performed. The search included the terms avanafil and ED. Expert commentary: Avanafil is a potent, highly selective PDE5I whose efficacy is comparable to that of currently available PDE5Is in both naive and previous PDE5I users. Avanafil is effective within approximately 15 minutes of dosing, thus representing the only PDE5I approved for as-needed use, 15 to 30 minutes before sexual activity. Avanafil has high selectivity for the PDE5 isoenzyme, thus resulting in a lower incidence of drug-related side effects compared to other PDE5Is.

Status
MEDLINE

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2016
Efficacy and safety of phosphodiesterase-5 inhibitors for treatment of erectile dysfunction secondary to spinal cord injury: a systemic review and meta-analysis. [Review]

Jia DD; Shuang WB; Cheng T; Jia XM; Zhang M.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


UI: 26882490

STUDY DESIGN: Systemic review

Objective: We carried out a systematic review and meta-analysis to assess the efficacy and safety of phosphodiesterase-5 (PDE5) inhibitors on erectile dysfunction (ED) secondary to spinal cord injury (SCI).

METHODS: A literature review was performed to identify all published randomized, double-blind, placebo-controlled trials of PDE5 inhibitors for treatment of ED secondary to SCI. The search included the following database: MEDLINE, EMBASE and the Cochrane Library. The outcomes and complications analyzed involved the Global Efficacy Question (GEQ), sexual encounter profile diary question 2 and 3 (SEP2 and SEP3) and adverse events. All statistical analysis was performed using Stata 12.0 software (Stata Corp., College Station, TX, USA).

RESULTS: Six publications were used in analysis, including six randomized controlled trials that compared PDE5 inhibitors with placebo. Compared with placebo, PDE5 inhibitors were associated with significant improvements in GEQ (OR 11.997, 95% CI 8.073-17.830, P<0.0001), SEP2 (RR 1.847, 95% CI 1.561-2.185, P<0.0001) and SEP3 (RR 2.738, 95% CI 2.084-3.598, P<0.0001). Despite significant greater incidences of some adverse events observed (headache: RR 3.717, 95% CI 2.309-5.982, P<0.0001; flushing: RR 9.281, 95% CI 2.858-30.147, P<0.0001; gastrointestinal discomfort: RR 9.064, 95% CI 2.116-38.827, P=0.003), most adverse events were mild to moderate and transient.

CONCLUSIONS: This systematic review and meta-analysis indicate that PDE5 inhibitors are effective and well tolerated to treat ED secondary to SCI compared with placebo, as measured by response to GEQ, SEP2, SEP3 and incidence of adverse events. PDE5 inhibitors could be considered as the first choice in the treatment of ED patients with SCI.

Status

MEDLINE

Authors Full Name

Jia, D-D; Shuang, W-B; Cheng, T; Jia, X-M; Zhang, M.

Institution
Distinctive pattern of expression of spermatogenic molecular markers in testes of azoospermic men with non-mosaic Klinefelter syndrome.
Kleiman SE; Yogev L; Lehavi O; Yavetz H; Hauser R.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 26995389

PURPOSE: Mature sperm cells can be found in testicular specimens extracted from azoospermic men with non-mosaic Klinefelter syndrome (KS). The present study evaluates the expression of various known molecular markers of spermatogenesis in a population of men with KS and assesses the ability of those markers to predict spermatogenesis.

METHODS: Two groups of men with non-obstructive azoospermia who underwent testicular sperm-retrieval procedures were included in the study: 31 had non-mosaic KS (KS group) and 91 had normal karyotype (NK group). Each group was subdivided into mixed atrophy (containing some mature sperm cells) or Sertoli cell only syndrome according to testicular histology and cytology observations. Semi-quantitative histological morphometric analysis (interstitial hyperplasia and hyalinization, tubules with cells and abnormal thickness of the basement
membrane) and expression of spermatogenetic markers (DAZ, RBM, BOLL, and CDY1) were evaluated and compared among those subgroups.

RESULTS: Clear differences in the histological morphometry and spermatogenetic marker expression were noted between the KS and NK groups. There was a significant difference in the expression of spermatogenetic markers between the subgroups of the NK group (as expected), while no difference could be discerned between the two subgroups in the KS group.

CONCLUSION: We conclude that molecular spermatogenetic markers have a pattern of expression in men with KS that is distinctively different from that of men with NK, and that it precludes and limits their use for predicting spermatogenesis in the former. It is suggested that this difference might be due to the specific highly abnormal histological morphometric parameters in KS specimens.
Testosterone undecanoate improves lipid profile in patients with type 1 diabetes and hypogonadotrophic hypogonadism.

Chillaron JJ; Fernandez-Miro M; Albareda M; Fontseré S; Colom C; Vila L; Pedro-Botet J; Flores Le-Roux JA.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Multicenter Study. Randomized Controlled Trial]
UI: 27452372

Testosterone deficiency (Td) has been associated with the metabolic syndrome. Few studies have evaluated this condition in type 1 diabetes (T1D). The primary aim of this study was to evaluate the effectiveness of testosterone undecanoate (TU) on insulin sensitivity, glycemic control, anthropometric parameters, blood pressure and lipid profile in patients with Td and T1D. We performed a randomized placebo-controlled multicenter study.

INCLUSION CRITERIA: a) age > 18 years; b) autoimmune diabetes; c) Td (total testosterone <10 nmol/L or calculated free testosterone <225 pmol/L and low/normal LH; d) ability to sign informed consent; e) comply with the study protocol.

EXCLUSION CRITERIA: a) pituitary tumor, empty sella, hyperprolactinemia, panhypopituitarism or secondary hypogonadism; b) contraindications for treatment with testosterone undecanoate (TU); c) patients who did not agree to sign their informed consent. Six patients were randomly assigned to testosterone undecanoate (TU) treatment and 7 to placebo with the following dosing schedule: baseline, 6 weeks and 16 weeks. Blood test, anthropometric parameters, blood pressure and insulin sensitivity were determined at baseline, 6, 16 and 22 weeks. No differences were observed regarding insulin sensitivity, HbA1c or basal glucose, anthropometric parameters or blood pressure. At 22 weeks, the decrease in total cholesterol was 37.4 +/- 27.5 mg/dL in the TU group compared with an increase of 13.2 +/- 17.8 mg/dL in the placebo group (P<0.005), and LDL cholesterol concentration decreased 30.2 +/- 22.1 mg/dL, compared with an increase of 10.5 +/- 13.4 mg/dL in the placebo group (P=0.004). We conclude that treatment with TU in patients with T1D and Td improves lipid profile, with no effects on metabolic control or anthropometric parameters.

Status
MEDLINE
Iron overload detection using pituitary and hepatic MRI in thalassemic patients having short stature and hypogonadism.

Mousa AA; Ghonem M; Elhadidy el HM; Azmy E; Elbackry M; Elbaïomy AA; Elzehery RR; Shaker GA; Saleh O.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Endocrine Research. 41(2):81-8, 2016 May.

[Journal Article]
UI: 26726735

OBJECTIVE: to assess the growth and pubertal development among a group of patients with beta-Thalassemia Major (beta-TM) and to evaluate the role of the pituitary gland and liver MRI signal intensity (SI) reduction in assessing and predicting the clinical severity of growth and pubertal dysfunctions.

METHODS: Thirty-eight patients with beta-TM were examined and divided into two groups: Group I patients were of normal height and puberty and Group II patients had short statures and hypogonadism. Laboratory investigations included serum ferritin, LH, FSH, prolactin, TSH, and basal and dynamic growth hormones. Pituitary and liver MRIs were performed to assess the pituitary to fat (P/F) and liver to muscle (L/M) signal intensities (SI), respectively. Fifteen healthy and sex- and age-matched subjects were included as controls.

RESULTS: Both patient groups had significantly elevated serum ferritin and significantly decreased prolactin and IGF1 compared to control subjects. Group II showed a significant reduction in LH, FSH, and IGF1 and a significant increase in ferritin in comparison with Group I.
and the control group, and it had a highly significant reduction in both P/F and L/M SI in comparison with Group I (p<0.001 and 0.008, respectively). The reduced P/F ratio was significantly correlated with FSH and LH, and a cutoff for a P/F ratio >0.94 was obtained to differentiate between Group I and II.

CONCLUSION: MRI in conjunction with the P/F signal intensity ratio is a useful and noninvasive tool for the early diagnosis of pituitary iron overload.

Status
MEDLINE

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20160505

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2016
Increased risk of osteoporosis in patients with erectile dysfunction: A nationwide population-based cohort study.
Wu CH; Lu YY; Chai CY; Su YF; Tsai TH; Tsai FJ; Lin CL.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Medicine. 95(26):e4024, 2016 Jun.

In this study, we aimed to investigate the risk of osteoporosis in patients with erectile dysfunction (ED) by analyzing data from the Taiwan National Health Insurance Research Database (NHIRD). From the Taiwan NHIRD, we analyzed data on 4460 patients aged >40 years diagnosed with ED between 1996 and 2010. In total, 17,480 age-matched patients without ED in a 1:4 ratio were randomly selected as the non-ED group. The relationship between ED and the risk of osteoporosis was estimated using Cox proportional hazard regression models. During the follow-up period, 264 patients with ED (5.92%) and 651 patients without ED (3.65%) developed osteoporosis. The overall incidence of osteoporosis was 3.04-fold higher in the ED group than in the non-ED group (9.74 vs 2.47 per 1000 person-years) after controlling for covariates.

Compared with patients without ED, patients with psychogenic and organic ED were 3.19- and 3.03-fold more likely to develop osteoporosis. Our results indicate that patients with a history of ED, particularly younger men, had a high risk of osteoporosis. Patients with ED should be examined for bone mineral density, and men with osteoporosis should be evaluated for ED.

Status
MEDLINE

Authors Full Name
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895.
Relationship between premature ejaculation and depression: A PRISMA-compliant systematic review and meta-analysis. [Review]
Xia Y; Li J; Shan G; Qian H; Wang T; Wu W; Chen J; Liu L.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Medicine. 95(35):e4620, 2016 Aug.
UI: 27583879
BACKGROUND: Premature ejaculation (PE) is the most prevalent male sexual dysfunction. Epidemiologic findings are inconsistent concerning the risk for depression associated with PE.
OBJECTIVE: The aim of this study was to investigate the potential association between depression and risk of PE.
DATA SOURCES: We conducted a literature search of PubMed, Embase, and the Cochrane Library from these databases’ inception through June 2014 for observational epidemiological studies examining the association between depression on risk of PE.
STUDY ELIGIBILITY CRITERIA: Studies were selected if they reported the risk estimates for PE associated with depression.
PARTICIPANTS: patients>18 years of age suffering from PE.
INTERVENTIONS: a history of depressive disorder.
STUDY APPRAISAL AND SYNTHESIS METHODS: These odds ratios (ORs) were pooled using a random or fixed effects model and were tested for heterogeneity. Subgroup analysis was employed to explore heterogeneity.
RESULTS: Eight trials involving 18,035 patients were included in the meta-analysis. Depression were statistically significantly associated with the risk of PE (OR = 1.63, 95% CI:1.42-1.87). There was no evidence of between-study heterogeneity (P = 0.623, I = 0.0%). The association was similar when stratified by mean age, geographical area, study design, sample size, publication year, and controlling key confounders.

LIMITATIONS: The severity of depression and PE could not be identified due to unavailable data of trials. No evidence of publication bias was observed.

CONCLUSIONS: These findings provide evidence that depression is associated with a significantly increased risk of PE. In addition, more prospective studies are necessary to evaluate the association and identify the ideal treatment.

SYSTEMATIC REVIEW REGISTRATION NUMBER: CRD42016041272.
Effect of preservation of Denovilliers’ fascia during laparoscopic resection for mid-low rectal cancer on protection of male urinary and sexual functions.

Wei HB; Fang JF; Zheng ZH; Wei B; Huang JL; Chen TF; Huang Y; Lei PR.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 27311004

The aim of this study was to investigate the effect of preservation of Denovilliers’ fascia (DF) during laparoscopic resection for mid-low rectal cancer on protection of male urogenital function. Whether preservation of DF during TME is effective for protection of urogenital function is largely elusive. Seventy-four cases of male mid-low rectal cancer were included. Radical laparoscopic proctectomy was performed, containing 38 cases of preservation of DF (P-group) and 36 cases of resection of DF (R-group) intraoperatively. Intraoperative electrical nerve stimulation (INS) on pelvic autonomic nerve was performed and intravesical pressure was measured manometrically. Urinary function was evaluated by residual urine volume (RUV), International Prostatic Symptom Score (IPSS), and quality of life (QoL). Sexual function was evaluated using the International Index of Erectile Function (IIEF) scale and ejaculation function classification. Compared with performing INS on the surfaces of prostate and seminal vesicles in the R-group, INS on DF in the P-group exhibited higher increasing intravesical pressure (7.3 +/- 1.5 vs 5.9 +/- 2.4 cmH2O, P = 0.008). In addition, the P-group exhibited lower RUV (34.3 +/- 27.2 vs 57.1 +/- 50.7 mL, P = 0.020), lower IPSS and QoL scores (7 days: 6.1 +/- 2.4 vs 9.5 +/- 5.9, P = 0.002 and 2.2 +/- 1.1 vs 2.9 +/- 1.1, P = 0.005; 1 month: 5.1 +/- 2.4 vs 6.6 +/- 2.2, P = 0.006 and 1.6 +/- 0.7 vs 2.1 +/- 0.6, P = 0.003, respectively), higher IIEF score (3 months: 10.7 +/- 2.1 vs 8.9 +/- 2.0, P = 0.000; 6 months: 14.8 +/- 2.2 vs 12.9 +/- 2.2, P = 0.001) and lower incidence of ejaculation dysfunction (3 months: 28.9% vs 52.8%, P = 0.037; 6 months: 18.4% vs 44.4%, P = 0.016) postoperatively. Preservation of DF during laparoscopic resection for selective male mid-low rectal cancer is effective for protection of urogenital function.

Status

MEDLINE

Authors Full Name

Wei, Hong-Bo; Fang, Jia-Feng; Zheng, Zong-Heng; Wei, Bo; Huang, Jiang-Long; Chen, Tu-Feng; Huang, Yong; Lei, Pu-Run.

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PMID
Lower urinary tract symptoms (LUTS)/benign prostatic hyperplasia (BPH) is common in adult men and can impair erectile function (EF). It was believed surgical treatments for this illness can improve EF due to the relief of LUTS while they were also reported harmed EF as heating or injury effect. Current network meta-analysis aimed to elucidate this discrepancy. Randomized controlled trials (RCTs) were identified. Direct comparisons were conducted by STATA and network meta-analysis was conducted by Generate Mixed Treatment Comparison. Random-effects models were used to calculate pooled standard mean difference and 95% confidence intervals and to incorporate variation between studies. Eighteen RCTs with 2433 participants were analyzed. Nine approaches were studied as transurethral resection of the prostate (TURP), plasmakinetic resection of the prostate (PKRP), plasmakinetic enucleation of the prostate (PKEP), Holmium laser enucleation of the prostate (HoLEP), Holmium laser resection of the prostate (HoLRP), photoselective vaporization of the prostate (PVP), Thulium laser, open prostatectomy (OP), and laparoscopic simple prostatectomy (LSP). In direct comparisons, all surgical treatments did not decrease postoperative International Index of Erectile Function (IIEF)-5 score except PVP. Moreover, patients who underwent HoLEP, PKEP, Thulium laser, and TURP had their postoperative EF significantly increased. Network analysis including direct and indirect comparisons ranked LSP at the highest position on the variation of postoperative IIEF-5 score, followed by PKRP, HoLEP, TURP, Thulium laser, PKEP, PVP, HoLRP, and OP. In subgroup
analysis, only PVP was found lower postoperative EF in the short term and decreased baseline group, whereas TURP increased postoperative IIEF-5 score only for patients with normal baseline EF. However, HoLEP and PKEP showed pro-erectile effect even for patients with decreased baseline EF and short-term follow-up. Our novel data demonstrating surgical treatments for LUTS/BPH showed no negative impact on postoperative EF except PVP. Moreover, HoLEP and PKEP were found pro-erectile effect for all subgroups. New technologies, such as LSP, PKRP, and Thulium laser, were ranked at top positions in the network analysis, although they had no pro-erectile effect in direct comparison due to limited original studies or poor baseline EF. Therefore, further studies and longer follow-up are required to substantiate our findings.

Sexual dysfunction in males following low anterior resection.
Shieh SI; Lin YH; Huang CY; Kao CC; Hung SL; Yang HY; Tung HY.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
AIMS AND OBJECTIVES: The purpose of this study was to explore the prevalence of sexual dysfunction in males one year after undergoing low anterior resection and to determine whether health care professionals discuss sexual issues with patients after surgery.

BACKGROUND: Sexual dysfunction in males may be a complication after low anterior resection for rectal cancer, but few studies have explored this issue in Taiwan.

DESIGN: A descriptive comparison study design.

METHODS: A descriptive comparison design was used, and a group of 133 participants underwent a low anterior resection procedure for rectal cancer. The results were compared with those of a group of males who underwent colectomy (n = 58) for colon cancer. The following instruments were used: the five-item version of the International Index of Erectile Function, personal demographics and medical variables.

RESULTS: The results showed that the prevalence of erectile dysfunction among the low anterior resection patients was 97.0% (129/133), and the erectile dysfunction prevalence was 75.9% (44/58) for the males who underwent colectomy. The generalised linear model showed that after controlling for hypertension and stoma, the low anterior resection group had worse sexual function than those in the colectomy group, and stoma was also a factor that impacted patients' sexual function. The results also revealed that only 32.8-35.3% of health care providers talked about sexual dysfunction with people who have rectal cancer prior to surgery.

CONCLUSION: This study demonstrated that men who have undergone low anterior resection have a high risk of sexual dysfunction and that health care professionals infrequently discuss these issues with patients.

RELEVANCE TO CLINICAL PRACTICE: When patients are diagnosed with rectal cancer and before they undergo surgery, an assessment and discussion of sexual function issues should be incorporated into standard care. Continued follow-up after hospital discharge and evaluations of sexual function are vital factors for male postoperative rectal cancer patients.

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Gender differences in chronic fatigue syndrome.
Faro M; Saez-Francas N; Castro-Marrero J; Aliste L; Fernandez de Sevilla T; Alegre J.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Clinical Trial. Comparative Study. Journal Article]
UI: 26190206

BACKGROUND AND OBJECTIVES: Chronic fatigue syndrome (CFS) is a chronic condition that predominantly affects women. To date, there are few epidemiologic studies on CFS in men. The objective of the study was to assess whether there are gender-related differences in CFS, and to define a clinical phenotype in men.

PATIENTS AND METHODS: A prospective, cross-sectional cohort study was conducted including CFS patients at the time of diagnosis. Sociodemographic data, clinical variables, comorbid phenomena, fatigue, pain, anxiety/depression, and health quality of life, were assessed in the CFS population. A comparative study was also conducted between genders.

RESULTS: The study included 1309 CFS patients, of which 119 (9.1%) were men. The mean age and symptoms onset were lower in men than women. The subjects included 30% single men vs. 15% single women, and 32% of men had specialist work vs. 20% of women. The most common triggering factor was an infection. Widespread pain, muscle spasms, dizziness, sexual dysfunction, Raynaud's phenomenon, morning stiffness, migratory arthralgias, drug and metals allergy, and facial oedema were less frequent in men. Fibromyalgia was present in 29% of men
vs. 58% in women. The scores on physical function, physical role, and overall physical health of the SF-36 were higher in men. The sensory and affective dimensions of pain were lower in men. CONCLUSIONS: The clinical phenotype of the men with CFS was young, single, skilled worker, and infection as the main triggering agent. Men had less pain and less muscle and immune symptoms, fewer comorbid phenomena, and a better quality of life.

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900.
Silverberg JI; Hinami K; Trick WE; Cella D.
BACKGROUND: Itch is a well-established symptom in cutaneous disease. However, little is known about the burden of itch outside the dermatology setting.

PURPOSE: To determine the prevalence and impact of itch on quality of life (QOL) in the general internal medicine setting.

METHODS: We performed a cross-sectional study of 2076 adults from an outpatient general internal medicine clinic, using an audio computer-assisted self-administered interview. A history of itch (acute or chronic) and other physical symptoms in the past week, Patient-Reported Outcomes Measurement Information System (PROMIS) 10-item Global Health Questionnaire scores, and Patient Health Questionnaire-2 scores were assessed.

RESULTS: The prevalence of itch was 39.9% and increased with age from 33.1% at age 19-39 years to 45.9% at age >80 years. In multivariable models controlled for socio-demographics, even feeling "a little" or "some" distress from itch was significantly associated with lower PROMIS global physical and mental health T-scores and estimated health utility scores (P < 0.01). Further, feeling "quite a lot" of distress or "very much" distress from itch was associated with higher adjusted odds ratios for depressed mood (4.91 [95% confidence interval (CI) 3.36-7.18]) and anhedonia (4.46 [95% CI 3.07-6.47]). The patient burden of itch was similar to those of pain, constipation, sexual dysfunction, cough, and weight loss.

CONCLUSIONS: Itch occurs commonly in the primary care setting and is associated with poor QOL. Physicians should inquire about itch and its associations during review of systems. Future studies are needed to distinguish between the effects of acute and chronic itch.

Status
MEDLINE

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Erectile Dysfunction in Chronic Prostatitis/Chronic Pelvic Pain Syndrome: Outcomes from a Multi-Center Study and Risk Factor Analysis in a Single Center.

Zhang Y; Zheng T; Tu X; Chen X; Wang Z; Chen S; Yang Q; Wan Z; Han D; Xiao H; Sun X; Deng C.

The aim of this study was to investigate the prevalence of erectile dysfunction (ED) in patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) and explore the influence of UPOINT domains, National Institutes of Health-CP symptom index (NIH-CPSI) and other factors on ED prevalence. This was a prospective study of consecutive patients with CP/CPPS seen at 11 tertiary hospitals during January-July 2014. ED was diagnosed as a score of <21 on the International Index of Erectile Function (IIEF-5). Patients from one center were evaluated by the UPOINT system and NIH-CPSI. Each patient was assessed using clinical examination, socio-demographic questionnaire, the Patient Health Questionnaire (PHQ), the Pain Catastrophizing Scale (PCS), NIH-CPSI and IIEF-5. 1406 patients from 11 centers (mean age, 32.18 years; range 18-60 years) were enrolled. ED was found in 638/1406 patients (45.4%), and was categorized as mild in 291(45.6%), moderate in 297(46.6%) and severe in 50(7.7%). 192 patients from one center (mean age, 31.3 years; range 18-57 years) were further studied. IIEF-5 score correlated negatively with NIH-CPSI (r = 0.251), PHQ (r = 0.355) and PCS (r = 0.322) scores (P<0.001). PHQ score correlated positively with NIH-CPSI (r = 0.586) and PCS (r = 0.662) scores (P<0.001).
CPSI, PHQ, PCS and IIEF-5 scores did not differ significantly between class IIIA and IIIB CP/CPPS. Multivariate logistic regression showed that UPOINT psychological (P) domain and NIH-CPSI symptom severity were independent risk factors for ED in CP/CPPS. It is concluded that psychological factors and symptom severity are independent risk factors for ED in CP/CPPS.

Authors Full Name
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4847827

Date Created
20160428
OBJECTIVE: To systematically review the oncological and functional outcomes of contemporary primary prostate focal cryotherapy for localized prostate cancer in the context of current developments in prostate focal therapy.

METHODS: We performed a systematic search of the Pubmed, Cochrane and Embase databases to identify studies where primary prostate focal cryotherapy was performed to treat prostate cancer. These included reports on focal/lesion/sector ablation, hemi-ablation and partial prostate ablation. We excluded salvage focal therapy studies. Where multiple reports were published over time from a single cohort, the latest one was used.

RESULTS: Our search yielded 290 publications, including 17 primary reports on eight single-center cohort studies and one multi-center registry report. Of 1,595 men identified, mean age was 60.5-69.5 years and mean PSA 5.1-7.8 ng/ml. When stratified by D'Amico risk criteria, 52% of the aggregate total number of men were low-risk, 38% intermediate-risk and 10% high-risk. Besides 12-core TRUS biopsy, 3 cohorts reported using TTMB and one included mpMRI to select men for focal treatment. Median follow-up ranged from 13-63 months. BPFS ranged from 71-98%. The overall post-treatment positive biopsy rate was 8-25%. Among 5 cohorts with a mandatory 6-12 month posttreatment biopsy, 216 of 272 men (79%) did undergo biopsy, with 47 positive (21.8%). Of these, 15 were infield, 26 outfield, 2 bilateral and 4 undeclared. Ten upgraded to Gleason>7. Overall, two men had metastatic disease and none died of prostate cancer. Post-treatment continence rates were 96-100% and rates of erectile dysfunction ranged from 0-42%. The rate of post-treatment urinary retention ranged from 0-15%. The rate of recto-urethral fistula was 0-0.1%.
CONCLUSION: Focal cryotherapy for localized prostate cancer is a safe and provides good preservation of sexual and urinary function. Accurate cancer localization and risk stratification is key to patient selection. In highly selected patients, focal therapy has good short to medium term oncological efficacy.

903.

Male circumcision does not result in inferior perceived male sexual function - a systematic review.
[Review]
Shabanzadeh DM; During S; Frimodt-Moller C.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 27399981

INTRODUCTION: The debate on non-medical male circumcision has gaining momentum during the past few years. The objective of this systematic review was to determine if circumcision, medical indication or age at circumcision had an impact on perceived sexual function in males.

METHODS: Systematic searches were performed in MEDLINE and Embase. The included studies compared long-term sexual function in circumcised and non-circumcised males, before and after circumcision, or compared different ages at circumcision. The quality of the studies was assessed according to the level of evidence (Grade A-D).
RESULTS: Database and hand searches yielded 3,677 records. Inclusion criteria were fulfilled in 38 studies including two randomised trials. Overall, the only identified differences in sexual function in circumcised males were decreased premature ejaculation and increased penile sensitivity (Grade A-B). Following non-medical circumcision, no inferior sexual function was reported (A-B). Following medical circumcision, most outcomes were comparable (B); however, problems in obtaining an orgasm were increased (C) and erectile dysfunction was reported with inconsistency (D). A younger age at circumcision seemed to cause less sexual dysfunction than circumcision later in life.

CONCLUSIONS: The hypothesis of inferior male sexual function following circumcision could not be supported by the findings of this systematic review. However, further studies on medical circumcision and age at circumcision are required.

Status
MEDLINE
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Date Created
20160712
Year of Publication
2016

904.
Measuring the Quality of Pudendal Nerve Perineural Injections.
Antolak S Jr; Antolak C; Lendway L.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27228517

BACKGROUND: Pudendal neuropathy is a tunnel syndrome characterized by pelvic pain and may include bowel, bladder, or sexual dysfunction or a combination of these. One treatment method, pudendal nerve perineural injections (PNPIs), uses infiltration of bupivacaine and
corticosteroid around the nerve to provide symptom relief. Bupivacaine also anesthetizes the skin in the receptive field of the nerve that is injected. Bupivacaine offers rapid pain relief for several hours while corticosteroid provides delayed pain control often lasting 3 to 5 weeks. Not all pudendal nerve blocks may provide complete pain relief but long-term pain control from the steroid appears to be associated with immediate response to bupivacaine. We offer a method of evaluating the quality of a pudendal block on the day it is performed using pinprick sensation evaluation.

OBJECTIVE: To demonstrate that pinprick sensory changes provide a simple and rapid method of measuring response to local anesthetic and pain reduction provided by a PNPI on the day it is performed. This response defines the quality of each PNPI.

STUDY DESIGN: This is a case series based on retrospective review of a private practice database that is maintained by HealthEast hospitals in Minnesota. Database information includes standard physical examination, recording techniques, and treatment processes that had been in place for several years.

SETTING: Private practice in United States.

METHODS: Patients with a diagnosis of pudendal neuropathy are treated with PNPIs. Two hours after each block, 2 endpoints are measured: response to a sensory pinprick examination of the pudendal territory and difference in patient-reported pain level before and after nerve block. Fifty-three men from a private practice treating only pelvic pain received the treatment in 2005. Reported pain level was not recorded for 2 patients.

RESULTS: Bupivacaine in perineural injections produces varying degrees of analgesia or hypalgesia to pinprick. Normal pinprick response suggests pudendal nerves were not penetrated by bupivacaine. Patient responses varied from complete, i.e. all 6 branches anesthetized to none. Most men had 2 - 5 nerve branches anesthetized. One man had a single nerve branch that responded to bupivacaine. Three men failed to respond to local anesthetic. Changes in pre-PNPI to post-PNPI pain scores were significantly decreased (n = 51, P-value < 0.0001), indicating that bupivacaine in the PNPI reduced pain. Forty-one patients (80.4%) indicated less pain after the procedure and only 2 patients (4.0%) indicated more pain. The number of nerve branches successfully anesthetized was also significantly correlated with change in score. On average, an additional successful nerve branch anesthetized corresponded to a drop of about 0.66 in the change score (n = 51, P-value = 0.0005).

CONCLUSION: PNPIs relieve pain. Anesthesia affected all 6 pudendal nerve branches in only 13.2% of patients. Complete pain relief occurred in 39.2%. This argues against use of perineural pudendal blockade as a diagnostic test. Pain relief after PNPI is associated with number of nerve branches that are anesthetized. At 2 hours after a PNPI its quality (the number of the 6 nerve branches with reduced response to pinprick from the perineural local anesthetic) is associated with subjective reduction of pain.

Chronic non-cancer pain (lasting more than 3 months) is highly prevalent in Australia (17% of males and 20% of females) and its optimal management is crucial to the health and wellbeing of the community. For 5% of the population, such pain interferes markedly with daily function. Part of the treatment for acute non-cancer pain for many people will include opioid analgesics at least for days to weeks. However, as pain becomes chronic, evidence to support ongoing prescription of opioids is lacking. There is increasing pressure to ensure that prescribing opioid analgesics is minimised to reduce not only the risk of dependence and illicit diversion but also the potential harms associated with tolerance, side effects and complications. Frameworks for considering opioid prescribing include assessing suitability of the patient for opioids; initiating a trial of
therapy; and monitoring long term use. There is limited evidence of the long term efficacy of opioids for chronic non-cancer pain, and documented clinical consequences beyond addiction include acceleration of loss of bone mineral density, hypogonadism and an association with increased risk of acute myocardial infarction. Careful clinical selection of patients can help optimise the evidence-based use of opioids for chronic non-cancer pain: only treat pain that has been as well defined as possible when non-opioid therapies have not been effective; consider referral to specialist services for assessment if doses are above 100 mg oral morphine equivalent per 24 hours or the duration of therapy is longer than 4 weeks; limit prescribing to only one practitioner; seek an agreement with the patient for the initiation and potential withdrawal of opioids if the therapeutic trial is not effective.

Valproic Acid Metabolism and its Consequences on Sexual Functions. [Review]
Verrotti A; Mencaroni E; Cofini M; Castagnino M; Leo A; Russo E; Belcastro V.
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MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Review]
UI: 27000076
BACKGROUND: Valproic acid (VPA) is a broad spectrum antiepileptic drug (AED) that is generally regarded as a first-choice agent for most forms of idiopathic and symptomatic
generalised epilepsies. Available data suggest that menstrual disorders and certain endocrine manifestations of reproductive system disorders may be more common in women treated with VPA than in those treated with other AEDs.

METHODS: A PubMed search for MEDLINE was undertaken to look for studies using the terms "VPA metabolism", "VPA and sexual functions in men", "VPA and sexual functions in women" and "VPA metabolism and endocrine disorders" as key words. The period covered was approximately 20 years.

RESULTS: In women, VPA medication is associated with hyperandrogenism, polycystic ovary/polycystic ovarian syndrome, menstrual disorders and ovulatory failure. Men on VPA therapy show abnormalities in androgens blood levels, sperm motility and erectile dysfunctions. VPA negatively affects the release of luteinizing hormone, follicle stimulating hormone and prolactin but also the drug interferes in peripheral endocrine hormones. Its broad inhibitory action on cytochrome and glucuronidation systems can lead to high serum concentration of testosterone, androstenedione and dehydroepiandrosterone sulfate. VPA-dependent obesity and hyperinsulinemia can further contribute to an increase in sexual dysfunctions.

CONCLUSIONS: VPA interferes with the endocrine system at multiples levels causing several reproductive and sexual dysfunctions in women and men with epilepsy, especially when administered in pubertal age. Since VPA is a first line AED both in children and adult with epilepsy and long-term medication with this drug is sometimes necessary, it is very important for physicians to implement strict monitoring of patients taking VPA in order to identify these kinds of side effects at an early stage.

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Penile Fracture: A Meta-Analysis.
Amer T; Wilson R; Chlosta P; AlBuheissi S; Qazi H; Fraser M; Aboumarzouk OM.
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[Journal Article. Meta-Analysis]
UI: 26953932

OBJECTIVES: To review the causes and management of penile fracture and to compare between surgical and conservative management as well as immediate and delayed interventions in terms of overall and specific complications.

METHODS: A search of all reported literature was conducted for all articles reporting on the management and outcomes of penile fractures. Full texts of relevant articles were obtained and screened according to the inclusion criteria. Outcomes measures were numbers of patients receiving surgical or conservative management, aetiology of fracture, length of admission, complications as well as the specifics of diagnostic approaches and operative management. Data was collated and where possible meta-analysed using Revman software.

RESULTS: A total of 58 relevant studies involving 3,213 patients demonstrated that intercourse accounts for only 48% of cases with masturbation and forced flexion accounting for 39%. Meta-analysis shows that surgical intervention was associated with significantly fewer complications vs. conservative management (p < 0.000001). Surgical intervention results in significantly less erectile dysfunction (ED), curvature and painful erection than conservative management. There was no significant difference in the number of patients developing plaques/nodules (p = 0.94). Meta-analysis shows that overall early surgery is preferable to delayed surgery but that rates of ED are not significantly different.

DISCUSSION: Early surgical intervention is associated with significantly fewer complications than conservative management or delayed surgery. The combined outcome of rapid diagnosis by history and clinical examination and swift surgical intervention is key for reconstruction with minimal long-term complications.

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Evaluation of Basal Serum Adrenocorticotropic Hormone and Cortisol Levels and Their Relationship with Nonalcoholic Fatty Liver Disease in Male Patients with Idiopathic Hypogonadotropic Hypogonadism.

Wang WB; She F; Xie LF; Yan WH; Ouyang JZ; Wang BA; Ma HY; Zang L; Mu YM. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Chinese Medical Journal. 129(10):1147-53, 2016 May 20.

[Journal Article]
UI: 27174321

BACKGROUND: Prolonged gonadal hormone deficiency in patients with idiopathic hypogonadotropic hypogonadism (IHH) may produce adverse effects on the endocrine homeostasis and metabolism. This study aimed to compare basal serum adrenocorticotropic hormone (ACTH) and cortisol levels between male IHH patients and healthy controls. Moreover, this study compared the basal hypothalamic-pituitary-adrenal (HPA) axis in patients with and without nonalcoholic fatty liver disease (NAFLD), and also evaluated the relationship between basal HPA axis and NAFLD in male IHH patients.

METHODS: This was a retrospective case-control study involving 75 Chinese male IHH patients (mean age 21.4 +/- 3.8 years, range 17-30 years) and 135 healthy controls after matching for gender and age. All subjects underwent physical examination and blood testing for serum testosterone, luteinizing hormone, follicle-stimulating hormone, ACTH, and cortisol and biochemical tests.

RESULTS: Higher basal serum ACTH levels (8.25 +/- 3.78 pmol/L vs. 6.97 +/- 2.81 pmol/L) and lower cortisol levels (366.70 +/- 142.48 nmol/L vs. 452.82 +/- 141.53 nmol/L) were observed in male IHH patients than healthy subjects (all p<0.05). IHH patients also showed higher metabolism parameters and higher prevalence rate of NAFLD (34.9% vs. 4.4%) than the controls (all P < 0.05). Basal serum ACTH (9.91 +/- 4.98 pmol/L vs. 7.60 +/- 2.96 pmol/L) and
dehydroepiandrosterone sulfate (2123.7 +/- 925.8 mug/L vs. 1417.1 +/- 498.4 mug/L) levels were significantly higher in IHH patients with NAFLD than those without NAFLD (all P < 0.05). We also found that basal serum ACTH levels were positively correlated with NAFLD (r = 0.289, p<0.05) and triglyceride levels (r = 0.268, P< 0.05) in male IHH patients. Furthermore, NAFLD was independently associated with ACTH levels in male IHH patients by multiple linear regression analysis.

CONCLUSIONS: The male IHH patients showed higher basal serum ACTH levels and lower cortisol levels than matched healthy controls. NAFLD was an independent associated factor for ACTH levels in male IHH patients. These preliminary findings provided evidence of the relationship between basal serum ACTH and NAFLD in male IHH patients.
Predicting toxicity in radiotherapy for prostate cancer. [Review]
Landoni V; Fiorino C; Cozzarini C; Sanguineti G; Valdagni R; Rancati T.
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[Journal Article. Review]
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This comprehensive review addresses most organs at risk involved in planning optimization for prostate cancer. It can be considered an update of a previous educational review that was published in 2009 (Fiorino et al., 2009). The literature was reviewed based on PubMed and MEDLINE database searches (from January 2009 up to September 2015), including papers in press; for each section/subsection, key title words were used and possibly combined with other more general key-words (such as radiotherapy, dose-volume effects, NTCP, DVH, and predictive model). Publications generally dealing with toxicity without any association with dose-volume effects or correlations with clinical risk factors were disregarded, being outside the aim of the review. A focus was on external beam radiotherapy, including post-prostatectomy, with conventional fractionation or moderate hypofractionation (<4Gy/fraction); extreme hypofractionation is the topic of another paper in this special issue. Gastrointestinal and urinary toxicity are the most investigated endpoints, with quantitative data published in the last 5 years suggesting both a dose-response relationship and the existence of a number of clinical/patient related risk factors acting as dose-response modifiers. Some results on erectile dysfunction, bowel toxicity and hematological toxicity are also presented.
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Landoni, Valeria; Fiorino, Claudio; Cozzarini, Cesare; Sanguineti, Giuseppe; Valdagni, Riccardo; Rancati, Tiziana.
Background. The sensation of a wide vagina is a common problem for women after childbirth. As its etiology is unknown, there is no uniform management strategy. We hypothesized that, rather than vaginal laxity, the cause was level 3 pelvic support deficiency. Methods. This retrospective study compared preoperative and postoperative genital hiatus length, perineal length, and total vaginal length in patients treated with perineoplasty for the sensation of a wide vagina. A telephone survey was used to determine postoperative patient and male partner satisfaction rates. Results. Mean age of patients was 48 (26-68) years; mean body mass index (BMI) was 25.3 (17.6-33.2); and mean parity was 2.5 (2-5). Preoperative and postoperative genital hiatus, perineal length, and total vaginal length were 4.62 and 3.18 (p < 0.01), 3.06 and 4.04 (p < 0.01), and 9.43 and 9.43 (p = 0.882), respectively. At the 6-month follow-up, the success rate of the
perineoplasty procedure was 87.9%; according to a visual analog scale, partner satisfaction rate was 92.6%. Ten percent (n = 4) of patients said they experienced dyspareunia during sexual intercourse at the introitus of the vagina. Conclusion. With low dyspareunia rates, low complication rates, high patient satisfaction, and satisfactory anatomical success, perineoplasty can be considered successful for treatment of the sensation of a wide vagina.

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Circulating makorin ring finger protein 3 levels decline in boys before the clinical onset of puberty.

Varimo T; Dunkel L; Vaaralahti K; Miettinen PJ; Hero M; Raivio T.

OBJECTIVE: Makorin ring finger protein 3 (MKRN3) gene restrains the hypothalamic-pituitary-gonadal axis. In girls, peripheral levels of MKRN3 decline prior to the onset of puberty. We described longitudinal changes in serum MKRN3 levels in boys before and during puberty and assessed the effect of inhibition of estrogen biosynthesis on MKRN3 levels.

DESIGN: Longitudinal serum samples from a double-blind, randomized controlled study in 30 boys (age range: 9.1-14.2 years) with idiopathic short stature who received placebo (Pl; n=14) or aromatase inhibitor letrozole (Lz; 2.5mg/day; n=16) for 2 years.

METHODS: We analyzed the relationships between serum MKRN3 and clinical and biochemical markers of puberty by using summary measures.

RESULTS: Serum MKRN3 declined by 669+/−713 pg/mL per year (P<0.001). This change was biphasic, as the levels decreased during Tanner genital stage G1 (-2931+/−2750 pg/mL per year) and plateaued thereafter (-560+/−1510 pg/mL per year) (P<0.05). During G1, MKRN3 levels in Lz-treated subjects decreased slower than in Pl-treated boys (-782+/−3190 vs -2030+/−821 pg/mL per year, P<0.05). The decrease in serum MKRN3 levels in G1 was associated with increases in LH (r=−0.5, P<0.01), testosterone (r=−0.6, P<0.01), and inhibin B (r=−0.44, P<0.05) (n=26).

CONCLUSION: Peripheral MKRN3 levels in boys appear to serve as a readout of the diminishing central inhibition that controls the onset of puberty.

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Two novel mutations in the NR5A1 gene as a cause of disorders of sex development in a Pakistani cohort of 46,XY patients.

Hussain S; Amar A; Najeeb MN; Khaliq S.
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NR5A1 plays a central role in gonadal development and regulation by transcriptional regulation of key modulators involved in steroidogenesis. Mutations in human NR5A1 are frequently associated with 46,XY disorders of sex development (DSD). We analysed a Pakistani cohort of patients with 46,XY DSD, presenting with variable degrees of gonadal dysgenesis, for NR5A1 mutations. The study identified three mutations (p.Tyr03X, p.Glu07X and p.Gln299HisfsX386), of which two are novel, in these patients with 46,XY DSD. The mutations, p.Tyr03X and novel p.Glu07X, are located in the coding region of the gene, corresponding to DNA-binding domain of the predicted protein. In silico analysis for the novel homozygous p.Gln299HisfsX386 mutation in ligand-binding domain of NR5A1 revealed subtle changes in overall tertiary conformation which is predicted to affect the normal physiology of this mutant protein. This study reveals two novel mutations with altered NR5A1 protein in twenty patients with 46,XY DSD, highlighting the critical role of NR5A1 protein in gonadal development and differentiation. In conclusion, the current and previous studies suggest that the NR5A1 mutations are present in around 8-15% of patients with
46,XY DSD presenting with gonadal dysgenesis. For the clinical utility of NR5A1 gene mutations, more comprehensive studies with large 46,XY DSD patient series in different populations are suggested.

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Treatment preferences and outcome in male hypogonadotropic hypogonadism: an Indian perspective.
Sanyal D; Chatterjee S.
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This retrospective study assessed treatment preferences and outcome with testosterone or HCG / HCG-FSH combination in Indian male idiopathic hypogonadotropic hypogonadism (IHH) subjects (n = 31) above 18 years of age. 38.7% of IHH study subjects had no fertility plans and
chose 3 monthly intramuscular testosterone undecanoate. 73.7% of subjects with fertility plans chose human chorionic gonadotropin (HCG) alone due to cost considerations. Spermatogenesis occurred in 21.4% on HCG alone and 60% of subjects on HCG with follicle-stimulating hormone (FSH) combination. Treatment failure is higher than published Western rates. FSH and HCG combination regimen is costly but superior to HCG alone. However, treatment failure still persists, suggesting unknown testicular defect in IHH.

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Human chorionic gonadotropin stimulation gives evidence of differences in testicular steroidogenesis in Klinefelter syndrome, as assessed by liquid chromatography-tandem mass spectrometry.

Belli S; Santi D; Leoni E; Dell'Olio E; Fanelli F; Mezzullo M; Pelusi C; Roli L; Tagliavini S; Trenti T; Granata AR; Pagotto U; Pasquali R; Rochira V; Carani C; Simon M.

BACKGROUND: Men with Klinefelter syndrome (KS) show hypergonadotropic hypogonadism, but the pathogenesis of hypotestosteronemia remains unclear. Testicular steroidogenesis in KS men was evaluated over three decades ago after human chorionic gonadotropin (hCG)
stimulation, but inconclusive results were obtained. Intriguingly, some recent studies show increased intratesticular testosterone concentrations in men with KS.

OBJECTIVE: To analyze serum steroid profile, as a proxy of testicular steroidogenesis, after hCG stimulation in KS compared with control men.

DESIGN: A prospective, longitudinal, case-control, clinical trial.

METHODS: Thirteen KS patients (36+/-9 years) not receiving testosterone (TS) replacement therapy and 12 eugonadic controls (32+/-8 years) were enrolled. Serum steroids were measured by liquid chromatography-tandem mass spectrometry (LC-MS/MS) at baseline and for five consecutive days after intramuscular injection of 5000IU hCG.

RESULTS: Progesterone (P), 17-hydroxyprogesterone (17OHP), TS, and estradiol (E2) showed a significant increase (P<0.001) after hCG stimulation in both groups. On the contrary, androstenedione (AS) and dehydroepiandrosterone did not increase after hCG stimulation. The 17OHP/P ratio increased in both groups (P<0.001), the TS/AS ratio (17beta-hydroxysteroid dehydrogenase type 3 (17betaHSD3) activity) did not increase after hCG in any group, and the E2/TS ratio (aromatase activity) increased significantly in both groups (P=0.009 in KS and P<0.001 in controls). Luteinizing hormone decreased after hCG in both groups (P=0.014 in KS and P=0.001 in controls), whereas follicle-stimulating hormone decreased only in control men (P<0.001).

CONCLUSION: This study demonstrates for the first time using LC-MS/MS that Leydig cells of KS men are able to respond to hCG stimulation and that the first steps of steroidogenesis are fully functional. However, the TS production in KS men is impaired, possibly related to reduced hydroxysteroid dehydrogenase activity due to an unfavorable intratesticular metabolic state.
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NNT mutations: a cause of primary adrenal insufficiency, oxidative stress and extra-adrenal defects.

Roucher-Boulez F; Mallet-Motak D; Samara-Boustani D; Jilani H; Ladjouze A; Souchon PF; Simon D; Nivot S; Heinrichs C; Ronze M; Bertagna X; Groisne L; Leheup B; Naud-Saudreau C; Blondin G; Lefevre C; Lemarchand L; Morel Y.

OBJECTIVE: Nicotinamide nucleotide transhydrogenase (NNT), one of the several genes recently discovered in familial glucocorticoid deficiencies (FGD), is involved in reactive oxygen species detoxification, suggesting that extra-adrenal manifestations may occur, due to the sensitivity to oxidative stress of other organs rich in mitochondria. Here, we sought to identify NNT mutations in a large cohort of patients with primary congenital adrenal insufficiency without molecular etiology and evaluate the degree of adrenal insufficiency and onset of extra-adrenal damages.

METHODS: Sanger or massive parallel sequencing of NNT and patient monitoring.

RESULTS: Homozygous or compound heterozygous NNT mutations occurred frequently (26%, 13 unrelated families, 18 patients) in our cohort. Seven new mutations were identified: p.Met337Val, p.Ala863Glu, c.3G>A (p.Met1?), p.Arg129*, p.Arg379*, p.Val665Profs*29 and p.Ala704Serfs*19. The most frequent mutation, p.Arg129*, was found recurrently in patients from Algeria. Most patients were diagnosed belatedly (8-18 months) after presenting severe hypoglycemia; others experiencing stress conditions were diagnosed earlier. Five patients also had mineralocorticoid deficiency at onset. One patient had congenital hypothyroidism and two cryptorchidism. In follow-up, we noticed gonadotropin and genitalia impairments (precocious puberty, testicular inclusions, interstitial Leydig cell adenoma, azoospermia), hypothyroidism and hypertrophic cardiomyopathy. Intrafamilial phenotype heterogeneity was also observed.

CONCLUSIONS: NNT should be sequenced, not only in FGD, but also in all primary adrenal insufficiencies for which the most frequent etiologies have been ruled out. As NNT is involved in...
oxidative stress, careful follow-up is needed to evaluate mineralocorticoid biosynthesis extent, and gonadal, heart and thyroid function.

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Congenital hypogonadotropic hypogonadism (CHH) is characterized by lack of puberty and infertility. Traditionally, it has been considered a life-long condition yet cases of reversibility have been described wherein patients spontaneously recover function of the reproductive axis following treatment. Reversibility occurs in both male and female CHH cases and appears to be more common (~10-15%) than previously thought. These reversal patients span a range of GnRH deficiency from mild to severe and many reversal patients harbor mutations in genes underlying CHH. However, to date there are no clear factors for predicting reversible CHH. Importantly, recovery of reproductive axis function may not be permanent. Thus, CHH is not always life-long and the incidence of reversal warrants periodic treatment withdrawal with close monitoring and follow-up. Reversible CHH highlights the importance of environmental (epigenetic) factors such as sex steroid treatment on the reproductive axis in modifying the phenotype. This review provides an overview and an update on what is known about this phenomenon.
Association between serum folic acid level and erectile dysfunction.
Karabakan M; Erkmen AE; Guzel O; Aktas BK; Bozkurt A; Akdemir S.
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[Journal Article]
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This study measured the serum folic acid (FA) level in patients with erectile dysfunction (ED) and evaluated the possible association between the serum FA level and erectile function. The study divided 120 patients with ED into 3 groups of 40 patients each: those with severe, moderate and mild ED. Forty healthy men served as controls. Fasting serum samples were obtained, and the total testosterone, cholesterol and FA levels were measured using chemiluminescent immunoassays. There were no significant differences in the mean age, mean body mass index or mean serum total testosterone and cholesterol levels among the three ED groups and controls (P > 0.05). The mean serum FA concentrations were 7.2 +/- 3.7, 7.1 +/- 3.2, 10.2 +/- 4.6 and 10.7 +/- 4.6 ng ml(-1) in the severe, moderate and mild ED and control groups respectively. The mean serum FA concentration was significantly higher in the control group than in the severe and moderate ED groups (both P < 0.001), but not the mild ED group (P = 0.95). Considering the significant differences in the serum FA levels between the control and ED groups, serum FA deficiency might reflect the severity of ED.
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Status
MEDLINE
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The factors associated with sexual recovery in male patients with acute myocardial infarction under phase II cardiac rehabilitation.
Lim SK; Sim DS; Han JY.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27453293
AIMS AND OBJECTIVES: The aim of the study was to assess the prognostic factors of short-term sexual recovery in patients with acute myocardial infarction after phase II cardiac rehabilitation for six weeks.
BACKGROUND: It is often observed that patients who have suffered acute myocardial infarction and have sufficient aerobic capacity for sexual activity do not recover sexual activity. Until now, few studies have investigated factors associated with recovery of sexual activity.
DESIGN: Observational study.
METHODS: Among 627 male patients with acute myocardial infarction who were referred for cardiac rehabilitation from October 2010-September 2014, 72 were finally analysed. Subjects who met all the following criteria were included: (1) completed a questionnaire about sexual activity before and after phase II cardiac rehabilitation; (2) showed usual sexual activity before onset of acute myocardial infarction and (3) revealed decreased sexual activity at baseline of cardiac rehabilitation compared to preacute myocardial infarction status despite >5 maximal metabolic equivalents. Information on sociodemographic characteristics and cardiopulmonary function obtained before cardiac rehabilitation was used for the analysis.
RESULTS: (1) Twenty-five of the 72 subjects (34.7%) had improved sexual activity after six weeks of cardiac rehabilitation, but 47 (65.3%) continued the status of no-recovery sexual activity after cardiac rehabilitation. (2) Age, body mass index and use of statins were significantly different between subjects who recovered and those who did not. (3) No differences in other
clinical characteristics and cardiopulmonary functions were detected between the two groups. (4) Age and body mass index were significant factors associated with recovery of sexual activity.

CONCLUSIONS: Age and body mass index were significant factors associated with recovery of sexual activity in acute myocardial infarction patients. Aerobic capacity at baseline of cardiac rehabilitation was not an independent factor to predict the recovery of sexual activity.

RELEVANCE TO CLINICAL PRACTICE: These results should be considered when educating patients under phase II cardiac rehabilitation on their return to normal sexual activity.

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Status

MEDLINE

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Date Created
20160920

Year of Publication
2016

919.
The functional results of radical rectal cancer surgery: review of the literature. [Review] Dulskas A; Miliauskas P; Tikuisis R; Escalante R; Samalavicius NE. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Introduction For more than the last 20 years, low anterior resection with total mesorectal excision (TME) is a gold standard for rectal cancer treatment. Oncological outcomes have improved significantly and now more and more reports of functional outcomes appear. Due to the close relationship between the rectum and pelvic nerves, bowel, bladder, and sexual function are frequently affected during TME. Methods A search for published data was performed using the MEDLINE database (from 1 January 2005 to 31 January 2015) to perform a systematic review of the studies that described anorectal, bladder, and sexual dysfunction following rectal cancer surgery. Methodological quality of the included studies was assessed using the MINORS criteria. Results Eighty-nine studies were eligible for analysis. Up to 76% of patients undergoing sphincter preserving surgery will have changes in bowel habits, the so-called "low anterior resection syndrome" (LARS). The duration of LARS varies between a few months and several years. Pre-operative radiotherapy, damage of anal sphincter and pelvic nerves, and height of the anastomosis are the risk factors for LARS. There is no evidence-based treatment available for LARS. Sexual function is more commonly affected after rectal surgery than after urinary function. The main cause of dysfunction is damage to pelvic nerves. Sexual and bladder functional outcomes in females are less well reported. Laparoscopic and robotic surgery allows better visualization of autonomic nerves and, therefore, more precise dissection and preservation. Conclusions It is important that rectal resection is standardized as much as possible, and that new functional outcome research use the same validated outcome questionnaires. This would allow for a high-quality meta-analysis.

Status
MEDLINE
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Date Created
20160707
Baseline status and dose to the penile bulb predict impotence 1 year after radiotherapy for prostate cancer. Baseline-Status und Dosis auf den Bulbus penis als Prädiktoren für Impotenz ein Jahr nach Radiotherapie bei Prostatakrebs.

Cozzarini C; Rancati T; Badenchini F; Palorini F; Avuzzi B; Degli Esposti C; Girelli G; Improta I; Vavassori V; Valdagni R; Fiorino C.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present Strahlentherapie und Onkologie. 192(5):297-304, 2016 May.

[Clinical Trial. Journal Article. Multicenter Study]

UI: 27079673

AIM: To assess the predictors of the onset of impotence 1 year after radiotherapy for prostate cancer.

PATIENTS AND METHODS: In a multi-centric prospective study, the International Index of Erectile Function (IIEF) questionnaire-based potency of 91 hormone-naive and potent patients (IIEF1-5 > 11 before radiotherapy) was assessed. At the time of this analysis, information on potency 1 year after treatment was available for 62 of 91 patients (42 treated with hypofractionation: 2.35-2.65 Gy/fr, 70-74.2 Gy; 20 with conventional fractionation: 74-78 Gy). Prospectively collected individual information and Dmax/Dmean to the penile bulb were available; the corresponding 2 Gy-equivalent values (EQD2_max/EQD2_mean) were also considered. Predictors of 1-year impotency were assessed through uni- and multi-variable backward logistic regression: The best cut-off values discriminating between potent and impotent patients were assessed by ROC analyses. The discriminative power of the models and goodness-of-fit were measured by AUC analysis and the Hosmer-Lemeshow (H&L) test.

RESULTS: At 1-year follow-up, 26 of 62 patients (42%) became impotent. The only predictive variables were baseline IIEF1-5 values (best cut-off baseline IIEF1-5 > 19), Dmax > 68.5 Gy and EQD2_max > 74.2 Gy. The risk of 1-year impotence may be predicted by a two-variable model including baseline IIEF1-5 (OR: 0.80, p = 0.003) and EQD2_max > 74.2 Gy (OR: 4.1, p = 0.022). The AUC of the model was 0.77 (95% CI: 0.64-0.87, p = 0.0007, H&L: p = 0.62). The 1-year risk
of impotency after high-dose radiotherapy in potent men depends on the EQD2_max to the penile bulb and on baseline IIEF1-5 values.

CONCLUSION: A significant reduction in the risk may be expected mainly when sparing the bulb in patients with no/mild baseline impotency (IIEF1-5 > 17).

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Institution

Date Created
20160426

Year of Publication
2016
Relationship between antipsychotic medication, serum prolactin levels and osteoporosis/osteoporotic fractures in patients with schizophrenia: a critical literature review.

[Review]

De Hert M; Detraux J; Stubbs B.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Review]

UI: 26986209

INTRODUCTION: Using an antipsychotic medication can increase prolactin (PRL) levels, causing hyperprolactinemia (HPRL). Although the occurrence of osteoporosis within the population of patients with schizophrenia has been recognized, the precise nature of the association between antipsychotic treatment, PRL, osteoporosis, and the disease itself seems to be elusive.

AREAS COVERED: The aim of this review is to critically review the literature regarding the association between osteoporosis and PRL and to summarize the available evidence with respect to the impact of PRL-elevating antipsychotics on bone mineral density (BMD) and fractures in non-elderly patients with schizophrenia.

EXPERT OPINION: Although long-standing HPRL can have an impact on the rate of bone metabolism and, when associated with hypogonadism, may lead to decreased bone density in both female and male subjects, the relative contribution of antipsychotic-induced HPRL in bone mineral loss in patients with schizophrenia remains unclear. Methodological shortcomings of existing studies, including the lack of prospective data and the focus on measurements of BMD instead of bone turnover markers, preclude definitive conclusions regarding the relationship between PRL-raising antipsychotics and BMD loss in patients with schizophrenia. Therefore, more well conducted prospective trials of these biomarkers are necessary to establish the precise relationship between antipsychotics, PRL levels and osteoporosis/osteoporotic risk.

Status

MEDLINE

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In Kallmann syndrome (KS), congenital hypogonadism is associated with olfactory impairment. To evaluate flavor perception-related disability in KS patients, 30 patients with KS, 12 with normosmic hypogonadism (nIHH), 24 with acquired anosmia (AA), and 58 healthy controls entered the study. All participants completed questionnaires concerning dietary habits, olfaction-related quality of life (QoL), and self-determined olfactory, flavor, and taste abilities prior to undergoing standardized olfactometry and gustometry. Each subject underwent flavor testing, using orally administered aqueous aromatic solutions, identifying 21 different compounds by choosing each out of 5 alternative items. Flavor score (FS) was calculated as the sum of correct answers (range 0-21). Flavor perception by self-assessment was similar between KS, nIHH, and controls, and was mostly reduced only in AA. FS was similar between KS (5.4 +/- 1.4) and AA (6.4 +/- 1.9), and lower than in nIHH (16.2 +/- 2.4, p < 0.001) and controls (16.8 +/- 1.7, p < 0.0001). FS showed strong reproducibility, and correlated with olfactory scores in the overall population. KS and AA patients identified aromatics eliciting trigeminal stimulation better than pure odorants. Olfaction-related QoL was more impaired in AA than in KS. We report significant flavor impairment in KS. This contrasts with routine clinic evidence; KS patients, in contrast with AA, do not complain of flavor perception impairment, perhaps owing to the congenital nature of the dysfunction. Flavor perception impairment should be considered a specific KS disability,
because of important detrimental effects on physical and mental health and on QoL. KS patients should also be advised of this impairment in order to prevent accidental and life-threatening events.

Status
MEDLINE

Authors Full Name
Maione, Luigi; Cantone, Elena; Nettore, Immacolata Cristina; Cerbone, Gaetana; De Brasi, Davide; Maione, Nunzia; Young, Jacques; Di Somma, Carolina; Sinisi, Antonio Agostino; Iengo, Maurizio; Macchia, Paolo Emidio; Pivonello, Rosario; Colao, Annamaria.

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Date Created
923.

Poor peer relations predict parent- and self-reported behavioral and emotional problems of adolescents with gender dysphoria: a cross-national, cross-clinic comparative analysis.

de Vries AL; Steensma TD; Cohen-Kettenis PT; VanderLaan DP; Zucker KJ.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

[Comparative Study. Journal Article]
UI: 26373289

This study is the third in a series to examine behavioral and emotional problems in children and adolescents with gender dysphoria in a comparative analysis between two clinics in Toronto, Ontario, Canada and Amsterdam, the Netherlands. In the present study, we report Child Behavior Checklist (CBCL) and Youth Self-Report (YSR) data on adolescents assessed in the Toronto clinic (n = 177) and the Amsterdam clinic (n = 139). On the CBCL and the YSR, we found that the percentage of adolescents with clinical range behavioral and emotional problems was higher when compared to the non-referred standardization samples but similar to the referred adolescents. On both the CBCL and the YSR, the Toronto adolescents had a significantly higher Total Problem score than the Amsterdam adolescents. Like our earlier studies of CBCL data of children and Teacher's Report Form data of children and adolescents, a measure of poor peer relations was the strongest predictor of CBCL and YSR behavioral and emotional problems in gender dysphoric adolescents.

Status
MEDLINE
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924.
Effect of Lifestyle Intervention on the Hormonal Profile of Frail, Obese Older Men.
Armamento-Villareal R; Aguirre LE; Qualls C; Villareal DT.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
UI: 26892583
OBJECTIVE: Obesity-associated hypogonadism is hypothesized to be due to the suppressive effect of high estradiol (from an increase in aromatase activity present in the abundant adipose tissue) on the hypothalamic-pituitary-gonadal unit resulting in low testosterone production. Although weight loss has been found to be effective in reducing estradiol and raising testosterone levels in studies of younger men, its effect in frail, obese older men is understudied. Thus, the objective of this study was to determine the effect of lifestyle intervention on hormone levels in frail, obese older men.
DESIGN: Randomized controlled trial of lifestyle intervention in frail, obese older men (>65 yo) for 1 year.

SETTING: University hospital.

METHODS: Forty frail, obese elderly men were randomized, for a 52-week study, to any of the following treatment groups: (1) control group, (2) diet-induced weight loss group (diet group), (3) exercise training group (exercise group), and (4) diet-induced weight loss and exercise training group (diet-exercise group). The objective was to achieve a ~10% weight loss at 6 months and maintain this weight for an additional 6 months. Physical function was assessed by the modified physical performance testing (modified PPT). Estradiol was measured by radioimmunoassay, testosterone by automated immunoassay, and sex hormone-binding globulin by enzyme-linked immunoassay.

RESULTS: After 12 months of intervention, diet alone resulted in a weight loss of -10.1 +/- 1.9 kg in the diet group and -9.1 +/- 0.9 kg in the diet-exercise group. This resulted in a significant decrease (both p<0.05) in total estradiol compared to baseline among subjects in the diet (-2.5 +/- 1.3 pg/ml) and diet-exercise group (-2.2 +/- 4.0 pg/ml). Free estradiol index also significantly decreased (both p <0.05) in both the diet (-0.39 +/- 0.14 pmol/nmol) and diet-exercise (-0.52 +/- 0.12 pmol/nmol) group. Total testosterone significantly increased (p<0.05) in response to diet (71.0 +/- 21.0 ng/dl) and diet-exercise (49.9 +/- 15.5 pg/ml) resulting in values of 287.0 +/- 28.1 ng/dl in the diet and 317.6 +/- 33.1 ng/dl in the diet-exercise group. However, because there was a significant increase in sex hormone-binding globulin levels in both the diet and diet-exercise groups, free testosterone index and the changes in free testosterone index were not significant compared to baseline. Regardless of changes in hormonal levels, patients in the diet, exercise, and diet-exercise groups experienced significant improvements in the modified PPT from baseline.

CONCLUSION: Weight loss from lifestyle intervention resulted in significant decreases in total and free estradiol levels in frail, obese older men, but this did not result in a clinically important increase in total testosterone nor a significant increase in free testosterone. Thus, alternative forms of treatment in addition to lifestyle intervention may be necessary to improve the hormonal profile among these patients. Nevertheless, whether further improvement in hormonal profile would result in better physical performance than what can be achieved by lifestyle alone in these subjects remains uncertain.

Status
MEDLINE

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Armamento-Villareal, R; Aguirre, L E; Qualls, C; Villareal, D T.

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DE Felice F; Grapulin L; Musio D; Pomponi J; DI Felice C; Iori AP; Bertaina A; Tombolini V.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Anticancer Research. 36(9):4859-64, 2016 09.

BACKGROUND: The aim of this study was to evaluate treatment-related toxicity and clinical outcomes of total body irradiation (TBI) in patients with acute lymphoblastic leukemia (ALL).

PATIENTS AND METHODS: We performed a retrospective review of all patients with ALL who underwent TBI-based conditioning regimen at our Institution between 2000 and 2012.

RESULTS: A total of 211 patients were included. The median follow-up was 40 months. The 5-year overall survival and disease-free survival were 64.7% and 62.8%, respectively. The 5-year overall survival rate for the 163 children was 67.6% (95% confidence interval=55-77%). Disease status at time of transplant did not improve disease-free survival. Gastrointestinal acute toxicity was the most common early side-effect (19.9%). Acute graft-versus-host disease was reported in 31 patients (14.7%). Main late toxicities were cataract induction (12.8%) and growth, gonadal and endocrine effects (36%).
CONCLUSION: TBI-based conditioning regimen led to a high survival rate with remarkably low radiation-related toxicity, suggesting that TBI provides a feasible therapeutic option in patients with ALL.

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Status
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Authors Full Name
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Date Created
20160916

Year of Publication
2016

926.
The efficacy and safety of silodosin for the treatment of ureteral stones: a systematic review and meta-analysis. [Review]
Yang D; Wu J; Yuan H; Cui Y.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
UI: 27233621
BACKGROUND: To evaluate the efficacy and safety of silodosin as a medical expulsive therapy for ureteral stones by means of a systematic review and meta-analysis.
METHODS: We searched MEDLINE, EMBASE and the Cochrane Controlled Trials Register to identify randomized controlled trials (RCTs) of silodosin in the treatment of ureteral stones. The reference lists of retrieved studies were also investigated.
RESULTS: Six RCTs, including 916 participants and comparing silodosin with controls, were used in the meta-analysis. Silodosin was superior to controls in terms of stone expulsion rate, the primary efficacy end point in all six RCTs (odds ratio [OR] for expulsion 2.16, 95 % confidence interval [CI] 1.62 to 2.86, p <0.00001). Silodosin was also more effective for secondary efficacy end points; the stone expulsion time (standardized mean difference [SMD] -3.66, 95 % CI -6.61 to -0.71; p =0.01) and analgesic requirements (SMD -0.89, 95 % CI -1.19 to -0.60; p<0.00001) were significantly reduced compared with those of controls. Other than the incidence of abnormal ejaculation, which was higher in the silodosin groups (OR 2.84, 95 % CI 1.56 to 5.16, p =0.0006), few adverse effects were observed.
CONCLUSION: This meta-analysis indicates silodosin is an effective and safe treatment option for ureteral stones with a low occurrence of side effects.
Status
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927.
Determining the Feasibility of Managing Erectile Dysfunction in Humans With Placental-Derived Stem Cells.
Levy JA; Marchand M; Iorio L; Cassini W; Zahalsky MP.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Clinical Trial. Journal Article]
UI: 26745574
INTRODUCTION: Stem cell therapy is thought to improve wound healing and promote vasculogenesis and has also been investigated as a treatment for patients with erectile dysfunction (ED), which is usually caused by a microvascular disease such as diabetes mellitus or hypertension.
OBJECTIVE: To determine the feasibility and effects of using placental matrix-derived mesenchymal stem cells (PM-MSCs) in the treatment of patients with ED.
METHODS: Participants were recruited from a private practice urology in Coral Springs, Florida. Each patient received an injection of PM-MSCs and was followed up with at 6 weeks, 3 months, and 6 months to assess peak systolic velocity (PSV), end diastolic velocity, stretched penile length, penile width, and erectile function status based on the International Index of Erectile Function questionnaire.
RESULTS: Eight patients were injected with PM-MSCs. At the 6-week follow-up, PSV ranged from 25.5 cm/s to 56.5 cm/s; at 3 months, PSV ranged from 32.5 cm/s to 66.7 cm/s. Using unpaired t tests, the increase in PSV was statistically significant (P<.05). At 6 months, PSV
ranged from 50.7 cm/s to 73.9 cm/s (P<.01). Changes in measured end diastolic velocity, stretched penile length, penile width, and International Index of Erectile Function scores were not statistically significant. At the 6-week follow-up, 2 patients for whom previous oral therapies failed had the ability to sustain erections on their own. At the 3-month follow-up, 1 additional patient was able to achieve erections on his own.

CONCLUSION: To our knowledge, this is one of the first human studies to report on the feasibility of using stem cell therapy to treat patients with ED. The results indicate that this treatment may be beneficial, and further investigations with larger sample sizes should be conducted. (ClinicalTrials.gov number NCT02398370).

Status
MEDLINE

Authors Full Name
Levy, Jason A; Marchand, Melissa; Iorio, Leanne; Cassini, Walquiria; Zahalsky, Michael P.

Date Created
20160109

Year of Publication
2016

Background: Phosphodiesterase 5 inhibitors (PDE5-Is) sildenafil, vardenafil, tadalafil and the recently approved avanafil represent the first-line choice for both on-demand and chronic treatment of erectile dysfunction (ED). In addition to this, sildenafil and tadalafil, have also been approved for the treatment of pulmonary arterial hypertension. Due to its expression and localization in many tissues, PDE5 and its regulation has been reported to be involved in several other diseases.
OBJECTIVE: We aim to provide an updated overview of the emerging therapeutic applications of PDE5-Is besides ED, taking into account the latest ongoing research reports.

METHODS: We searched online databases (Pubmed, Reaxys, Scopus) to lay the bases for an accurate, quality criteria-based literature update. We focused our attention on most recent research reports, in particular when supported by pre-clinical and clinical data.

RESULTS: The regulation of PDE5 may influence pathological conditions such as, among the others, heart failure, cystic fibrosis, cancer, CNS-related diseases, diabetes and dysfunctions affecting male urinary/reproductive system.

CONCLUSION: Sildenafil, vardenafil, tadalafil and the other chemical entities considered PDE5-Is showed overall positive results and significant improvements in the studied disease, thus some discordant results, in particular when comparing pre-clinical and clinical data, have to be pointed out, suggesting that further insights are needed especially to assess the exact molecular pathway underlying.

Status
MEDLINE
Authors Full Name
Ribaudo, Giovanni; Pagano, Mario Angelo; Bova, Sergio; Zagotto, Giuseppe.
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Date Created
20160505
Year of Publication
2016

929.
Conformability of GORE Excluder Iliac Branch Endoprosthesis and COOK Zenith Bifurcated Iliac Side Branched Iliac Stent Grafts.
Della Schiava N; Arsicot M; Boudjelit T; Feugier P; Lermusiaux P; Millon A.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Comparative Study. Journal Article]
BACKGROUND: Forty percent of the abdominal aortic aneurysms present an extension to the iliac axes. The access to a distal neck requiring an embolization of the internal iliac artery (IIA) may cause buttock claudication, colic ischemia, perineal necrosis, erectile dysfunction, and spinal cord ischemia. The aim of the branched iliac stent grafts is to preserve pelvic vascularization while adapting to the constraints of arterial tortuosity which generate type Ib endoleaks, plications, and limb thromboses. The objective was to analyze and compare the in vivo anatomical conformability of the Gore Excluder Iliac Branch Endoprosthesis (IBE) and the Zenith Bifurcated Iliac Side (ZBIS) Cook Iliac Endovascular Device branched stent grafts.

METHODS: This was a monocentric retrospective therapeutic study including 13 IBE and 9 ZBIS stent grafts. Three indices of tortuosity were measured with EndoSize: common iliac artery, pelvic artery index (PAI), and the double iliac sign (DIS). The centerline lengths of the iliac axes and the iliac axis and the IIA were measured by 2 different operators as a blind fashion.

RESULTS: The interoperator correlation of the measurements was $r = 0.841$ ($P < 0.0001$). Twenty-two patients had a high iliac tortuosity: PAI > 1.14 (mean PAI 1.43 [1.16-2.09]). The IBE stent graft modified neither the ipsilateral length nor tortuosity of the common iliac axis or the PAI ($P < 0.17$, $P < 0.16$, and $P < 0.23$, respectively). The ZBIS stent graft significantly modified ($P < 0.02$) the length and the tortuosity measured by the PAI compared with the IBE group ($P < 0.02$). The use of IBE or ZBIS did not modify the postoperative length of the IIA ($P < 0.34$). Three patients of the IBE group presented one DIS. Postoperatively, they did not present any DIS without significant modification of the postoperative PAI ($P < 0.07$).

CONCLUSIONS: In patients with a severe iliac tortuosity, the IBE Gore branched iliac stent graft is more conformable than the ZBIS Cook. IBE, more conformable with the anatomy of the patient, could thus make it possible to decrease the incidence of distal endoleaks without increasing the risk of limb thrombosis related to the anatomical constraints.

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Status
MEDLINE
Authors Full Name
Della Schiava, Nellie; Arsicot, Matthieu; Boudjelit, Tarek; Feugier, Patrick; Lermusiaux, Patrick; Millon, Antoine.
Institution
Low-dose rate brachytherapy with I-125 seeds has an excellent 5-year outcome with few side effects in patients with low-risk prostate cancer.

BACKGROUND: Low-dose rate brachytherapy (LDR-BT) has been used in Sweden for more than a decade for treatment of low-risk prostate cancer. This study presents the outcome for patients treated with LDR-BT at a single institution with focus on the association between dose and biochemical failure-free survival (BFFS).

METHODS: In total 195 patients were treated with LDR-BT between 2004 and 2008. The patients were followed systematically for side effects for at least one year. PSA levels were followed regularly from three months and for at least five years. Outcome was analyzed in relation to clinical variables at baseline and to radiotherapy data.

RESULTS: Kaplan-Meier estimated BFFS at five years was 95.7%. Dose to the prostate in terms of D90% was significantly associated with BFFS [HR 0.90 (95%CI 0.83-0.96), p=0.002].
CONCLUSION: Our data confirmed that absorbed dose is a predictive factor for BFFS for low-risk patients without androgen deprivation therapy. With our treatment routines and dosimetry, a D90% in the range of 170-180Gy gives excellent outcomes with acceptable toxicity for patients with low-risk prostate cancer.

Status
MEDLINE
Authors Full Name
Rasmusson, Elisabeth; Gunnlaugsson, Adalsteinn; Kjellen, Elisabeth; Nilsson, Per; Einarsdottir, Margret; Wieslander, Elinore; Fransson, Per; Ahlgen, Goran; Blom, Rene.
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Blom, Rene. a Department of Oncology and Radiation Physics, Skane University Hospital, Lund University, Lund, Sweden.
Date Created
20160714
Year of Publication
2016
The efficacy, bioavailability and safety of a novel hydroalcoholic testosterone gel 2% in hypogonadal men: results from phase II open-label studies.

Efros M; Carrara D; Neijber A.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Clinical Trial, Phase II. Journal Article]

UI: 26598279

Pharmacokinetics, pharmacodynamics and safety of a novel hydroalcoholic testosterone gel 2% (TG) were evaluated in phase II sequential dose escalation studies using 3 application sites (thigh, abdomen and shoulder/upper arm) and 2 application methods. Hypogonadal men (n = 40), 18-75 years, with serum testosterone <300 ng dl(-1) were included in both studies. Study 1 evaluated hand-applied multiple doses of TG 1.25, 2.50 and 3.75 ml (23, 46 and 70 mg of testosterone, respectively), once daily for 10 days to shoulder/upper arm. Study 2 evaluated applicator-applied (TG 1.25, 2.50 and 3.75 ml) versus hand-applied (TG 2.5 ml) doses, once daily for 7 days to shoulder/upper arm. Primary endpoint for both studies was responder rate (Cave testosterone levels between 298 and 1050 ng dl(-1)). In Study 1 following multiple applications, >70% participants in each group were responders. Dose-dependent increase was observed in PK values for total testosterone, free testosterone and DHT. In Study 2, responder rate was dose proportional: 16.7%, 50.0% and 77.8% responders in TG 1.25, 2.50 and 3.75 ml groups respectively. The bioavailability was highest for the shoulder application. There was a significant improvement in almost all the domains of sexual functioning. Applicator-application was preferred over hand-application by majority of the participants. TG was found to be safe and well tolerated in hypogonadal men.

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Status
MEDLINE

Authors Full Name
Efros, M; Carrara, D; Neijber, A.

Institution

Date Created
20160704

Year of Publication
Testofen, a specialised Trigonella foenum-graecum seed extract reduces age-related symptoms of androgen decrease, increases testosterone levels and improves sexual function in healthy aging males in a double-blind randomised clinical study.
Rao A; Steels E; Inder WJ; Abraham S; Vitetta L.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Randomized Controlled Trial]
UI: 26791805
This study examined the effect of Testofen, a specialised Trigonella foenum-graecum seed extract on the symptoms of possible androgen deficiency, sexual function and serum androgen concentrations in healthy aging males. This was a double-blind, randomised, placebo-controlled trial involving 120 healthy men aged between 43 and 70 years of age. The active treatment was standardised Trigonella foenum-graecum seed extract at a dose of 600mg/day for 12 weeks. The primary outcome measure was the change in the Aging Male Symptom questionnaire (AMS), a measure of possible androgen deficiency symptoms; secondary outcome measures were sexual function and serum testosterone. There was a significant decrease in AMS score over time and between the active and placebo groups. Sexual function improved, including number of morning erections and frequency of sexual activity. Both total serum testosterone and free testosterone increased compared to placebo after 12 weeks of active treatment. Trigonella foenum-graecum seed extract is a safe and effective treatment for reducing symptoms of possible androgen deficiency, improves sexual function and increases serum testosterone in healthy middle-aged and older men.
Status
MEDLINE
Authors Full Name
Rao, Amanda; Steels, Elizabeth; Inder, Warrick J; Abraham, Suzanne; Vitetta, Luis.
Institution
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BACKGROUND: To determine whether inflammatory bowel disease (IBD) is associated with an increased risk of subsequent erectile dysfunction (ED).

METHODS: We identified 1845 patients who received a diagnosis with IBD between 2000 and 2011 from Taiwan's National Health Insurance Research Database. For the comparison cohort, we randomly extracted the data of 7380 patients matched by sex, age, and baseline year. Follow-up continued until the development of ED, withdrawal from the National Health Insurance program, or the end of 2011. The cumulative incidences and hazard ratios (HRs) for ED development were determined.

RESULTS: After 12 years of follow-up, subsequent ED incidence rates in the IBD and comparison cohorts were 2.23 and 1.29 per 10,000 person-years, respectively (adjusted hazard ratio = 1.64; 95% confidence interval [CI], 1.07-2.52; P < 0.05). Compared with the non-IBD cohort without comorbidity, the risk of ED was higher in the IBD cohort with comorbidity (adjusted hazard ratio = 2.46, 95% CI, 1.32-4.58). Patients with ulcerative colitis were 2.27-fold more likely to develop ED than were patients without IBD (95% CI, 1.22-4.20). Compared with patients
without IBD who were aged <49 years, patients with IBD aged >65 years were 3.36-fold more likely to develop ED (95% CI, 1.42-7.96).

CONCLUSIONS: We found that the patients with IBD had a 1.64-fold higher risk of developing ED than did the comparison group. Physicians should be aware of the link to ED when assessing patients with IBD.

Status
MEDLINE

Authors Full Name
Kao, Chien-Chang; Lin, Cheng-Li; Huang, Wen-Yen; Cha, Tai-Lung; Lin, Te-Yu; Shen, Chih-Hao; Kao, Chia-Hung.

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Date Created
20160421

Year of Publication
2016

Determinants of sexual dysfunction and interventions for patients with obstructive sleep apnoea: a systematic review. [Review]
Steinke E; Palm Johansen P; Fridlund B; Brostrom A.
AIMS: Obstructive sleep apnoea (OSA) may negatively affect a couple's sexual relationship. This systematic review evaluated what characteristics are determinants of sexual function and dysfunction in women and men with OSA, and what interventions are shown to be effective.

METHODS: A systematic literature review was conducted using PubMed, CINAHL, Cochrane and TRIP, and articles published between January 2004 and December 2014 in English; original research; adults > 18 years; and both experimental and non-experimental designs. The Effective Public Health Practice Project Quality Assessment Tool for Quantitative Studies was used to assess study quality. Of 21 studies, six studies (no randomised control trials, RCTs) included women and 15 (with six RCTs) studies included men. Extracted data were scrutinised and adjusted until consensus was reached; suitable quantitative data were pooled in statistical meta-analysis.

RESULTS: Sexual function was affected similarly in both genders, but effective interventions were reported only for men. In some studies, OSA severity and medications contributed to greater sexual dysfunction. In women, menopausal status, hormone levels and SaO2 < 90% were determinants of sexual dysfunction, while for men factors included BMI, hormonal status and inflammatory markers. Continuous positive airway pressure (CPAP) not only improved clinical measures such as excessive daytime sleepiness but also the erectile and orgasmic function. Nevertheless, sildenafil was superior CPAP with regard to erectile dysfunction.

CONCLUSIONS: The findings illustrate important contributors to sexual dysfunction; however, firm generalisations cannot be made. There were limited RCTs and none for women, indicating further RCTs are needed to determine how OSA affects sexual function.
We prospectively evaluated erectile function (EF) using the Sexual Health Inventory for Men (SHIM) and the erectile hardness score (EHS) as well as urinary statuses using the International Prostate Symptom Score (IPSS) and Overactive Bladder Symptom Score (OABSS) before and 3, 6, and 12 months after a daily treatment with 0.5mg dutasteride (DUT). Significant improvements were observed in IPSS and OABSS in 98 patients with the DUT treatment, and the effects were similar between 28 patients with potency with baseline SHIM of 8 or greater and 70 severe erectile dysfunction (ED) patients at baseline. In the 28 patients with potency, significant decreases were observed in SHIM and EHS after 3, 6, and 12 months of the DUT treatment, with the severity of ED according to SHIM deteriorating in half of these patients after 12 months of the DUT treatment. Eighteen out of 28 patients (64.3%) with potency at baseline had awareness of the occurrence of ED before the DUT treatment, were younger, and had higher SHIM and EHS just before the DUT treatment than their counterparts. Regular assessments of EF may be needed, especially in younger patients and those with higher levels of EF before the administration of DUT.
Personality traits, namely neuroticism, have been suggested as vulnerability factors for the development and maintenance of sexual dysfunction in heterosexual samples. However, no evidence was found regarding homosexual samples. This study aimed to analyze the differences on personality traits between heterosexual and homosexual men and women with and without...
sexual problems. Participants were 285 individuals (142 men, 143 women) who completed a web-based survey. Participants answered the NEO Five-Factor Inventory, the Brief Symptomatology Inventory, and questions regarding sexual problems. The groups of men and women with and without sexual problems were matched for sociodemographic variables. A 2 (Group) x 2 (Sexual Orientation) multivariate analysis of covariance was conducted separately for each gender. Results indicated a significant main effect for group and for sexual orientation in male and female samples. Men with sexual problems scored higher on neuroticism, whereas women with sexual problems scored higher on neuroticism and lower on extraversion when compared with healthy controls, regardless of sexual orientation. In addition, gay men scored higher on neuroticism and lesbian women scored higher on conscientiousness compared with the heterosexual groups. The present findings emphasize the central role of neuroticism on sexual problems in both men and women regardless of sexual orientation.

Status
MEDLINE
Authors Full Name
Peixoto, Maria Manuela; Nobre, Pedro.
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Date Created
20160408
Year of Publication
2016

Lovastatin may reduce the risk of erectile dysfunction following radiation therapy for prostate cancer.
Anscher MS; Chang MG; Moghanaki D; Rosu M; Mikkelsen RB; Holdford D; Skinner V; Grob BM; Sanyal A; Wang A; Mukhopadhyay ND.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
<table>
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<th>Authors Full Name</th>
<th>Institution</th>
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</thead>
<tbody>
<tr>
<td>Anscher, Mitchell S; Chang, Michael G; Moghanaki, Drew; Rosu, Mihaela; Mikkelsen, Ross B; Holdford, Diane; Skinner, Vicki; Grob, B Mayer; Sanyal, Arun; Wang, Aiping; Mukhopadhyay, Nitai D.</td>
<td>Anscher, Mitchell S. a Department of Radiation Oncology, Virginia Commonwealth University, Richmond, VA, USA. Chang, Michael G. a Department of Radiation Oncology, Virginia Commonwealth University, Richmond, VA, USA. Chang, Michael G. b Hunter Holmes McGuire Veterans Affairs Medical Center, Richmond, VA, USA. Moghanaki, Drew. a Department of Radiation Oncology, Virginia Commonwealth University, Richmond, VA, USA. Moghanaki, Drew. b Hunter Holmes McGuire Veterans Affairs Medical Center, Richmond, VA, USA. Rosu, Mihaela. a Department of Radiation Oncology, Virginia Commonwealth University, Richmond, VA, USA. Mikkelsen, Ross B. a Department of Radiation Oncology, Virginia Commonwealth University, Richmond, VA, USA. Holdford, Diane. c The Massey Cancer Center, Virginia Commonwealth University, Richmond, VA, USA. Skinner, Vicki. c The Massey Cancer Center, Virginia Commonwealth University, Richmond, VA, USA. Grob, B Mayer. d Department of Surgery (Urology), Virginia Commonwealth University, Richmond, VA, USA. Sanyal, Arun. e Department of Medicine, Virginia Commonwealth University, Richmond, VA, USA. Wang, Aiping. f Department of Biostatistics, Virginia Commonwealth University, Richmond, VA, USA. Mukhopadhyay, Nitai D. f Department of Biostatistics, Virginia Commonwealth University, Richmond, VA, USA.</td>
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</table>
The current nocturnal penile tumescence (NPT) measurement is based on standard cut-off levels defined regardless of age. This study was conducted to provide age-stratified cut-off points for NPT measurement. Forty sexually active healthy men between 20 and 60 years old were enrolled and divided equally into four groups defined by age (20-29, 30-39, 40-49 and 50-60 years.). None of the candidates had sexual dysfunction or sleep disturbance or used supportive medication to enhance sexual function. Erectile function was evaluated by using the 5-item version of the international index of erectile function (IIEF-5). NPT was observed using the nocturnal electrobioimpedance volumetric assessment (NEVA®). The NPT values of healthy men aged 20-60 years varied from 268.7% to 202.3%. The NPT differed significantly between age groups (P < 0.0009); however, no significant differences between men aged 30-39 and 40-49 (P = 0.593) were observed. Age was weakly associated with IIEF-5 scores (P = 0.004), whereas a strong and negative correlation between age and NPT (P < 0.0001) was found. IEF-5 scores were not significantly associated with NPT (P = 0.95). Therefore, the standard values for NPT testing should be considered in the evaluation of the nocturnal penile activity of men of all ages.

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Status
MEDLINE
Author Initials
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Authors Full Name
Tok, A; Eminaga, O; Burghaus, L; Herden, J; Akbarov, I; Engelmann, U; Wille, S.
Institution
Erectile dysfunction is a marker for obstructive sleep apnea.

Taken K; Ekin S; Arisoy A; Gunes M; Donmez MI.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 26758960

PURPOSE: To investigate the prevalence of erectile dysfunction (ED) in patients with obstructive sleep apnea (OSA) with and without any other comorbidities.

METHODS: The patient group was newly diagnosed as having OSA (apnea-hypopnea index [AHI]>5/h) using a polysomnographic examination. A group of subjects with simple snoring were included into the control group. Clinically relevant comorbidities were systematically assessed in face-to-face interviews. All patients were asked to complete the 15-item International Index of Erectile Function (IIEF-15) questionnaire for the evaluation of ED. The patients with OSA and ED were evaluated according to these comorbidities.

RESULTS: Of the 94 patients, 39 patients were excluded because of severe diseases. OSA was observed in 38 (69.1%) of the 55 patients. ED was seen in 24 (63.2%) patients with OSA, and in 8 (47.1%) patients without OSA (p>0.05). There were no statistical differences between the groups' ages, IIEF scores, and body mass index (BMI) scores. There were statistically significant differences between the groups' AHI scores (p<0.05). There was a significant correlation between
the groups' AHI scores, BMI, and age (p<0.05). There was no statistically significant difference in patients with OSA, with and without comorbidity in terms of ED.

CONCLUSION: The rate of ED was higher in patients with OSA who had no other comorbidities. Therefore, ED can be a sensitive marker of OSA.

Trace Element Levels in Congenital Hypogonadotrophic Hypogonadism.[Erratum appears in Biol Trace Elem Res. 2016 May;171(1):33; PMID: 26494238]
Aydogdu A; Haymana C; Soykut B; Erdem O; Basaran Y; Baskoy K; Dinc M; Taslipinar A; Sonmez A; Bolu E; Azal O.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 26343359
Cardiometabolic diseases are prevalent in hypogonadism. The pathophysiologic mechanism of increased cardiometabolic risk in hypogonadal patients is not clear. Recently, trace elements
have been linked to the development of chronic disease especially cardiovascular disease. We investigated the trace element levels in an unconfounded population of congenital hypogonadotrophic hypogonadism (CHH) and also searched for the relationship with metabolic risk factors. A total of 89 patients with CHH (mean age 21.8+/−2.0 years) and 80 healthy control subjects (mean age 21.3+/−1.1 years) were enrolled. The demographic parameters, homeostatic model assessment of insulin resistance (HOMA-IR) levels and plasma zinc, copper, and selenium levels, were measured in patients and healthy controls. The patients had higher waist circumferences (p=0.014), triglyceride (p=0.04), insulin (p=0.004), HOMA-IR levels (p=0.001), and lower selenium (p=0.049), zinc (p=0.004), and copper (p=0.012) levels when compared to the healthy controls. There was a significant relationship between zinc levels and HOMA-IR levels (p=0.015). In the regression analysis, zinc levels were independently associated with the calculated HOMA-IR levels (p=0.015). The results of the present study show that plasma selenium, zinc, and copper levels are decreased in patients with CHH. Also, plasma zinc levels are independently associated with insulin resistance in patients with hypogonadism. Long-term follow-up studies are warranted to investigate the effect of trace elements on the increased cardiometabolic risk in hypogonadism.

Status
MEDLINE

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Taslipinar, A. Department of Endocrinology and Metabolism, Gulhane School of Medicine, 06018, Etlik, Ankara, Turkey.
We evaluated changes in psychosocial adjustment over time and its associated factors in prostate cancer patients. A total of 69 patients with prostate cancer were surveyed at pre-diagnosis, 1 month and 6 months post-treatment. The questionnaires distributed to the patients consisted of the Psychosocial Adjustment to Illness Scale and the UCLA Prostate Cancer Index. The generalized estimating equations were used to analyse the collected data. The results of adjustments to psychological distress, the domestic environment and the social environment worsened post-treatment. However, the adjustment to health-care orientation was worst at the time of pre-diagnosis and improved during post-treatment. Patients who perceived an unfavourable health status reported poor adjustment in psychological distress. Patients exhibiting poor urinary function poorly adjusted to the domestic environment. Patients with sexual dysfunction exhibited poor adjustment to the social environment. Patients with low education demonstrated poor adjustment to health-care orientation. Further studies should assess the
psychosocial adjustment among prostate cancer patients and provide interventions following pre-diagnosis.

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Status
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20160226

Year of Publication
2016

942.
Indications for adult circumcision: a contemporary analysis.
Siev M; Keheila M; Motamedinia P; Smith A.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 27085824

INTRODUCTION: Circumcision is the most common surgical procedure performed worldwide. However, there is a dearth of literature regarding medical indications for adult circumcisions.
Here, we describe our experience with adult circumcision and contemporary demographics, indications and complications.

MATERIALS AND METHODS: We reviewed all circumcisions performed in our institution between July 2008 and January 2015. Patient demographics, procedure indications and postoperative complications were recorded, and patients were grouped by age as either less than 50 years old or 50 years and older.

RESULTS: A total of 202 charts were reviewed. The most common indications for circumcision were phimosis (46.5%), dyspareunia (17.8%), balanitis (14.4%), and concurrent phimosis and balanitis (8.9%). Older patients were more likely to undergo circumcision for concurrent phimosis and balanitis or cancer, whereas younger patients sought circumcision for dyspareunia. The complication rate was 3.5% and there was no significant difference in complication rates between the two age groups.

CONCLUSION: Circumcision is performed in the adult population for a variety of reasons. Circumcision remains a safe surgical option for patient management with a low complication rate.

Authors Full Name
Siev, Michael; Keheila, Mohamed; Motamedinia, Piruz; Smith, Arthur.

Institution

Date Created
20160418

Year of Publication
2016

943.

Prolapse or incontinence: what affects sexual function the most?.

Jha S; Gopinath D.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]
INTRODUCTION AND HYPOTHESIS: Pelvic organ prolapse (POP) and stress urinary incontinence (SUI) adversely affect sexual function in women. Comparative studies of the two subgroups are few and results are conflicting. The aim of this study was to compare the effect of POP and SUI on the sexual function of women undergoing surgery for these conditions.

METHODS: The study population comprised women with POP or SUI in a tertiary referral hospital in the UK. Women who underwent SUI surgery had no symptoms of POP and had urodynamically proven stress incontinence. Patients with POP had > stage 2 prolapse, without bothersome urinary symptoms. Pre-operative data on sexual function were collected and compared using an electronic pelvic floor assessment questionnaire (ePAQ). The incidence of sexual dysfunction and comparison of symptoms in both groups were calculated using the Mann-Whitney U test.

RESULTS: Three hundred and forty-three women undergoing surgery for either SUI or POP were included. Patients were age-matched, with 184 undergoing SUI surgery (age range 33-77 years) and 159 POP surgery (age range 27-78 years; p = 0.869). The overall impact of POP and SUI was not significantly different in the two subgroups (p = 0.703). However, both patients (73 % vs 36 %; p = 0.00) and partners (50 % vs 24 %; p = 0.00) avoid intercourse significantly more frequently in cases with POP compared with SUI. This did not have a significant impact on quality of life.

CONCLUSIONS: The impact of bothersome SUI or POP on sexual function was found to be similar, but patient and partner avoidance in women with POP was greater than those with SUI.

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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4819742
Date Created
20160330
Year of Publication
2016
Effect of minimally invasive radical prostatectomy in older men.
Adejoro O; Gupta P; Ziegelmann M; Weight C; Konety B.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article]
UI: 26795606

BACKGROUND: Minimally invasive radical prostatectomy (MIRP) has been rapidly adopted over the last decade, however, little is known about outcomes in older patients.

OBJECTIVE: To examine the outcomes of MIRP vs. open radical prostatectomy (OPRP) stratified by age.

SUBJECTS AND METHODS: We examined the Surveillance, End Results and Epidemiology-Medicare database between years 2004 and 2009 for men with nonmetastatic adenocarcinoma of the prostate. Our cohort (n = 12,092) was subdivided into 2 groups-MIRP vs. OPRP, and by patient age>70 years (n = 6,660) vs. 66 to 69 years (n = 5,432). Multivariate analysis and multiple Cox proportional hazard models evaluated the influence of surgical approach and other variables on perioperative and postoperative complications in each age group.

RESULTS: The use of MIRP increased over the 6-year time span (14.8%-73.3%;<70y) and 15.1%-69.8%;>70y). OPRP was associated with a higher risk of blood transfusion and postoperative respiratory or genitourinary (GU) complications. Patients who underwent MIRP were more likely to have a diagnosis of erectile dysfunction or urinary incontinence compared to OPRP (56.9% vs. 42.2% and 53.9% vs. 43.2%, respectively; P<0.0001). Patients who underwent MIRP were less likely to have an anastomotic stricture or require additional cancer therapy. Men aged>70 years, who underwent MIRP had higher rates of transfusion, GU complications, length of stay, incontinence, and anastomotic stricture rates compared with those of men aged 66 to 69 years. However, older men undergoing MIRP had 10% lower rates of erectile dysfunction compared with that of men aged 66 to 69 years of age.

CONCLUSIONS: MIRP increased to>70% of all procedures performed in 2009. MIRP is associated with lower blood transfusion rates, postoperative respiratory or GU complications, anastomotic stricture diagnoses, and additional cancer therapies. This suggests that MIRP is a successful prostate cancer treatment for older patients.

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The relationship between platelet-lymphocyte ratio and severity of erectile dysfunction.

Akbas A; Gulpinar MT; Sancak EB; Gunes M; Ucar M; Altok M; Umul M.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article]

UI: 26944328

The prognostic importance of platelet-lymphocyte ratio (PLR) is already known for various artery diseases. In this study, the relationship between PLR and severity of erectile dysfunction (ED) is examined in patients with impotence. The data from patients suffering from erection problems was screened retrospectively. Detailed medical history, age, International Index of Erectile Function-5 (IIEF-5) scores, fasting blood glucose, lipid, whole blood count, and hormone profile values were examined. Patients with no ED were selected as the control group. All men answered the IIEF-5 questions and were then classified according to their scores. Patients were determined to have severe ED (scores 5-7), moderate ED (scores 8-16), or mild ED (scores 17-
An IIEF-5 score greater than 21 was accepted for the control group. The PLR values from both patient and control groups were evaluated. Demographic data were similar in both groups. Mean PLR value was 104 in control and 118 in the patient group (p < 0.001). PLR value increased depending on the severity of ED. Mean PLR values were 108 in mild, 116 in moderate, and 130 in severe ED groups. Compared with the control group, this value was statistically significant for patients with moderate and severe ED (p = 0.04 and p < 0.001). PLR showed weak negative but significant correlation with IIEF-5 scores (r = -0.27 and p < 0.001). The PLR value was found to be higher in patients with ED. PLR value may be related to ED and its severity in patients with impotence.
Content Validity of the Hypogonadism Impact of Symptoms Questionnaire (HIS-Q): A Patient-Reported Outcome Measure to Evaluate Symptoms of Hypogonadism.

Gelhorn HL; Vernon MK; Stewart KD; Miller MG; Brod M; Althof SE; DeRogatis LR; Dobs A; Seftel AD; Revicki DA.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present


[Journal Article. Research Support, Non-U.S. Gov't. Validation Studies]

UI: 26334870

BACKGROUND: Hypogonadism, or low testosterone, is a common disorder. There are currently no patient-reported outcome (PRO) instruments designed to comprehensively evaluate the symptoms of hypogonadism and to detect changes in these symptoms in response to treatment.

OBJECTIVE: The purpose of this study was to develop a PRO instrument, the Hypogonadism Impact of Symptoms Questionnaire (HIS-Q) and to assess its content validity.

METHODS: A literature review, expert clinician input, and qualitative concept elicitation with 39 male hypogonadism patients (four focus groups: n = 25; individual interviews: n = 14; mean age 52.3 +/- 14.3 years) from the USA were used to develop the draft HIS-Q. Subsequent cognitive interviews (n = 29; mean age 51.5 +/- 15.4 years) were used to evaluate content validity.

RESULTS: Emergent discussion with participants yielded symptoms within the sexual, physical, energy, sleep, cognition, and mood domains. Low libido and tiredness were most commonly reported. The initial version of the HIS-Q includes 53 items that were consistently understood by the participants, who found the instrument to be relevant to their experiences with hypogonadism and comprehensive in the content coverage of symptoms.

CONCLUSION: The HIS-Q is a comprehensive PRO measure of hypogonadism symptom severity in males. Its design elements, including the response options and recall period, were suitable, and content validity was confirmed.

Status

MEDLINE

Authors Full Name

Gelhorn, Heather L; Vernon, Margaret K; Stewart, Katie D; Miller, Michael G; Brod, Meryl; Althof, Stanley E; DeRogatis, Leonard R; Dobs, Adrian; Seftel, Allen D; Revicki, Dennis A.

Institution

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The role of estradiol in male reproductive function. [Review]

Schulster M; Bernie AM; Ramasamy R.

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[Journal Article. Review]

UI: 26908066

Traditionally, testosterone and estrogen have been considered to be male and female sex hormones, respectively. However, estradiol, the predominant form of estrogen, also plays a critical role in male sexual function. Estradiol in men is essential for modulating libido, erectile function, and spermatogenesis. Estrogen receptors, as well as aromatase, the enzyme that converts testosterone to estrogen, are abundant in brain, penis, and testis, organs important for sexual function. In the brain, estradiol synthesis is increased in areas related to sexual arousal. In addition, in the penis, estrogen receptors are found throughout the corpus cavernosum with high concentration around neurovascular bundles. Low testosterone and elevated estrogen increase the incidence of erectile dysfunction independently of one another. In the testes, spermatogenesis is modulated at every level by estrogen, starting with the hypothalamus-pituitary-gonadal axis, followed by the Leydig, Sertoli, and germ cells, and finishing with the ductal epithelium, epididymis, and mature sperm. Regulation of testicular cells by estradiol shows both
an inhibitory and a stimulatory influence, indicating an intricate symphony of dose-dependent and temporally sensitive modulation. Our goal in this review is to elucidate the overall contribution of estradiol to male sexual function by looking at the hormone's effects on erectile function, spermatogenesis, and libido.

Status
MEDLINE

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Comments

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948.
Schmiegelow AF; Broholm M; Gogenur I; Fode M.
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[Journal Article]
UI: 26813238

PURPOSE: Our objective was to report postoperative urogenital dysfunction after rectal cancer surgery, identifying possible predictors including conventional laparoscopic total mesorectal excision and robot-assisted total mesorectal excision laparoscopic surgery.
MATERIALS AND METHODS: Questionnaires were mailed to 184 patients who underwent laparoscopic rectal cancer surgery between January 2009 and May 2013. Single questions were used to retrospectively assess preoperative urogenital dysfunction. Surgical data were collected from hospital records. Postoperative urinary and sexual function was measured with validated questionnaires and the results were statistically analyzed.

RESULTS: A total of 97 questionnaires were included in the study. Of those sexually active before the operation, 81% reported some degree of erectile dysfunction (ED). In total, 73% reported some degree of orgasmic dysfunction (OD). On multivariate analyses, older age was the only predictor for ED (P=0.0012). Older age (P=0.007) and having a rectal extirpation procedure (P=0.013) were predictors of OD.

CONCLUSIONS: ED and OD are common after rectal cancer surgery. Robotic surgery was seemingly not associated with ED or OD.

949.
Predictive factors for immediate continence after radical prostatectomy.
Hatiboglu G; Teber D; Tichy D; Pahernik S; Hadaschik B; Nyarangi-Dix J; Hohenfellner M.
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[Journal Article]
UI: 25991601
PURPOSE: To identify predictive factors for immediate continence after radical prostatectomy.

PATIENTS AND METHODS: A total of 1553 patients underwent radical prostatectomy in a single institution (670 RRP, 883 RARP), had complete perioperative data and follow-up for urinary continence and were included in this prospective analysis. Immediate continence was defined as no pad usage after catheter removal. Evaluated parameters included age, body mass index, ECOG performance status, erectile function, prostate volume, PSA, Gleason score, tumor stage and D'Amico risk groups, as well as surgical approach (RRP, RARP), surgeon volume, nervesparing, lymphadenectomy, blood transfusions and duration of catheterization.

RESULTS: A total of 240 men (15.5 %) did not require any pads 1 day or later after removal of the transurethral catheter. Correlation of parameters with immediate continence revealed significance for age (p < 0.001), ECOG-score (p = 0.025), erectile function (p = 0.001), nervesparing (p = 0.022), Gleason score (p = 0.002) and surgeon volume (p < 0.022). Multivariate analyses identified IIEF-score >21 (p = 0.031), ECOG (p < 0.05), bilateral nerve-sparing (p = 0.049), Gleason score <3 + 4 (p < 0.028), less blood transfusion (p < 0.044) and surgeon volume (p < 0.042) as the remaining prognostic parameters for immediate continence after radical prostatectomy. The type of surgical approach (robotic vs. open radical prostatectomy) did not yield significant influence.

CONCLUSION: Evaluating continence in a contemporary prospective cohort revealed 15.5 % of patients never requiring a pad postoperatively. Predictive parameters for immediate continence were erectile function, ECOG, bilateral nerve-sparing, less blood transfusion and Gleason score. Furthermore, the surgeon's experience but not his operative technique had a significant impact on immediate postoperative continence.

Status
MEDLINE
Authors Full Name
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Hadaschik, B. Department of Urology, University Hospital Heidelberg, Im Neuenheimer Feld 110, 69120, Heidelberg, Germany.
Influence of the hypothalamic-pituitary-adrenal axis dysregulation on the metabolic profile of patients affected by diabetes mellitus-associated late onset hypogonadism.

Tirabassi G; Chelli FM; Ciommi M; Lenzi A; Balercia G.

BACKGROUND AND AIMS: Functional hypercortisolism (FH) is generated by clinical states able to chronically activate the hypothalamic-pituitary-adrenal (HPA) axis [e.g. diabetes mellitus (DM)]. No study has evaluated FH influence in worsening the metabolic profile of male patients affected by DM-associated hypogonadism. In this retrospective work, we assess the possible association between HPA axis-dysregulation and cardiovascular risk factors in men simultaneously affected by DM and late-onset hypogonadism (LOH).

METHODS AND RESULTS: Fourteen DM and LOH subjects affected by FH (Hypercort-DM-LOH) and fourteen DM and LOH subjects who were not suffering from FH (Normocort-DM-LOH) were retrospectively considered. Clinical, hormonal and metabolic parameters were retrieved. All metabolic parameters, except for systolic blood pressure, were significantly worse in Hypercort-DM-LOH than in Normocort-DM-LOH. After adjustment for body mass index, waist and total testosterone, Hypercort-DM-LOH subjects showed significantly worse metabolic parameters than Normocort-DM-LOH ones. In Normocort-DM-LOH, no significant correlation between general/hormonal parameters and metabolic variables was present. In Hypercort-DM-LOH, positive and significant correlations of cortisol area under the curve (AUC) after corticotropin
releasing hormone with glycemia, triglycerides and blood pressure were evident; on the other hand, negative and significant correlation was present between cortisol AUC and high density lipoprotein (HDL) cholesterol. The associations of AUC cortisol with glycemia, HDL cholesterol and diastolic blood pressure (DBP) were further confirmed at quantile regression after adjustment for therapy.

CONCLUSIONS: FH may determine a worsening of the metabolic profile in DM-associated hypogonadism.

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951.

A combination of tryptophan, Satureja montana, Tribulus terrestris, Phyllanthus emblica extracts is able to improve sexual quality of life in patient with premature ejaculation.
OBJECTIVE: The management of patients affected by premature ejaculation (PE) is not highly satisfactory. Here, we aimed to evaluate the tolerability and efficacy of a combination of tryptophan, Satureja montana, Tribulus terrestris, Phyllanthus emblica extracts in order to improve sexual quality of life in patients with premature ejaculation.

MATERIALS AND METHODS: All patients attending to 5 urological centers from January 2015 to March 2015, due to premature ejaculation were enrolled in this study. At the enrollment visit, all subjects underwent self-administered IIEF-5, Male Sexual Health Questionnaire-Ejaculation Disorder (MSHQejD), PEDT and IELTS (calculated as mean from that perceived by partner and that perceived by patient) and underwent urological visit and laboratory examinations. All patients received one tablet per day of a combination of tryptophan, Satureja montana, Tribulus terrestris, Phyllanthus emblica extracts for 3 months (Group A). After 3 months all patients underwent follow-up visit with the same investigations that have been carried out in the enrollment visit. The results were compared with a cohort of patients enrolled in the same period in another urological center and considered as a control group (Group B). All patients in the control group underwent counseling and sexual behavioral treatment without any pharmacological compound.

RESULTS: At the follow-up analysis, significant changes in terms of IELT in the Group A (mean difference: 31.90; p < 0.05) at 3 months and versus Group B at the intergroup analysis (mean difference: 30.30; p < 0.05) were reported. In the group A, significant differences from baseline to last follow-up were observed relative to IIEF-5 (mean difference: 1.04; p < 0.05), PEDT (mean difference: -2.57; p < 0.05) and FSH (mean difference: -16.46; p < 0.05).

CONCLUSION: In conclusion, patients affected by PE may significantly benefit from oral therapy with a combination of tryptophan, Satureja montana, Tribulus terrestris, Phyllanthus emblica extracts in terms of IELT and PEDT scores improvement.

Status
MEDLINE
Authors Full Name
Sansalone, Salvatore; Russo, Giorgio Ivan; Mondaini, Nicola; Cantiello, Francesco; Antonini, Gabriele; Cai, Tommaso.
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Synergistic Effects of ACE Insertion/Deletion and GNB3 C825T Polymorphisms on the Efficacy of PDE-5 Inhibitor in Patients with Pulmonary Hypertension.

Nishimura R; Tanabe N; Sekine A; Kasai H; Suda R; Kato F; Jujo T; Sugiura T; Shigeta A; Sakao S; Tatsumi K.

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[Journal Article. Research Support, Non-U.S. Gov't]
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BACKGROUND: The insertion/deletion (I/D) polymorphism in the angiotensin-converting enzyme gene (ACE) and the C825T polymorphism in the G-protein beta3 subunit gene (GNB3) are associated with the efficacy of phosphodiesterase-5 inhibitor (PDE-5I) in erectile dysfunction. In addition, GNB3 genotypes could be associated with clinical worsening in pulmonary hypertension (PH) treated with PDE-5I. However, no studies have described the synergistic effects of gene polymorphisms on drug efficacy in patients with PH.

OBJECTIVES: We aimed to examine the effects of combined ACE/GNB3 polymorphisms on the efficacy of PDE-5I in patients with PH.

METHODS: This was a retrospective uncontrolled study. Ninety patients with pulmonary arterial hypertension (PAH) or chronic thromboembolic PH (CTEPH) were treated with PDE-5I. Freedom from clinical worsening and pre- and post-treatment parameters, including the 6-min walk distance (6MWD) and serum brain natriuretic peptide (BNP) levels, were compared between patients with ACE/GNB3 II/TT and non-II/TT genotypes.

RESULTS: Time to clinical worsening was significantly longer in patients with the II/TT genotype than in those with the non-II/TT genotype (5-year freedom from clinical worsening: 100 vs. 48.8%, respectively; p = 0.018), even in patients with CTEPH alone. Post-treatment 6MWD and BNP levels in patients with the II/TT genotype tended to be better than those in patients with the non-
II/T1 genotype. The ACE/GNB3 genotype was a significant predictor of clinical worsening, even after adjusting for pulmonary vascular resistance and 6MWD.

CONCLUSIONS: ACE and GNB3 polymorphisms may synergistically influence the efficacy of PDE-5I in patients with PH.

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Status
MEDLINE
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Nishimura, Rintaro; Tanabe, Nobuhiro; Sekine, Ayumi; Kasai, Hajime; Suda, Rika; Kato, Fumiaki; Jujo, Takayuki; Sugiura, Toshihiko; Shigeta, Ayako; Sakao, Seiichiro; Tatsumi, Koichiro.
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953.
Risk stratification using gated stress myocardial perfusion imaging: comparison between patients with and without sexual dysfunction.
Tan YZ; Ozdemir S; Bekler A; Akbas A; Gencer M; Celik F.
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[Comparative Study. Journal Article]
UI: 26755812
Sexuality is an indispensable part of life. When a problem is encountered related to this topic, the quality of life is negatively affected. Therefore, every problem related to sexuality is extremely private and important to an individual. This study aims to investigate the use of myocardial perfusion scintigraphy (MPS) for advanced assessment of patients with known or suspected coronary artery disease, cardiovascular disease, and in the intermediate risk group for SD. The study included 250 patients (150 male, 100 female, mean age 54+/−12.10) sent by the Cardiology
Clinic to the Nuclear Medicine Clinic for MPS due to suspected cardiovascular disease (CVD). The questionnaire study was applied by two methods as face-to-face interviews or online. Data on sociodemographic characteristics and cardiovascular diseases together with risk factors for sexual activity were collected using a general information form. Patients were divided into three categories of risk depending on major risk factors for cardiovascular diseases: low, intermediate, and high risk. On comparing the risk scores between the groups, it was seen that there was a statistically clear reduction in the intermediate risk group of patients with SD according to MPS scoring. MPS is a cost-effective, reliable, and accurate non-invasive diagnostic method necessary for routine use to assess cardiovascular disease and in the intermediate risk group for SD.

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Status
MEDLINE
Authors Full Name
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PMID
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4771222
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20160112
Year of Publication
2016
Functional Quality-of-Life Outcomes Reported by Men Treated for Localized Prostate Cancer: A Systematic Literature Review. [Review]
Baker H; Wellman S; Lavender V.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Journal Article. Research Support, Non-U.S. Gov't. Review]
UI: 26906131

PROBLEM IDENTIFICATION: To systematically evaluate the literature for functional quality-of-life (QOL) outcomes following treatment for localized prostate cancer.

LITERATURE SEARCH: The MEDLINE, CINAHL, EMBASE, British Nursing Index, PsycINFO, and Web of ScienceTM databases were searched using key words and synonyms for localized prostate cancer treatments.

DATA EVALUATION: Of the 2,191 articles screened for relevance and quality, 24 articles were reviewed. Extracted data were tabulated by treatment type and sorted by dysfunction using a data-driven approach.

SYNTHESIS: All treatments caused sexual dysfunction and urinary side effects. Radiation therapy caused bowel dysfunction, which could be long-term or resolved within a few years. Sexual function could take years to return. Urinary incontinence resolved within two years of surgery but worsened following radiation therapy. Fatigue was worse during treatment with adjuvant androgen-deprivation therapy, and some men experienced post-treatment fatigue for several years.

CONCLUSIONS: This review identified that QOL outcomes reported by men following different treatments for localized prostate cancer are mostly recorded using standardized health-related QOL outcome measures. Such outcome measures collect data about body system functions but limit understanding of men's QOL following treatment for prostate cancer. Holistic outcome measures are needed to capture data about men's QOL for several years following the completion of treatment for localized prostate cancer.

IMPLICATIONS FOR PRACTICE: Nurses need to work with men to facilitate information sharing, identify supportive care needs, and promote self-efficacy, and they should make referrals to specialist services, as appropriate.

Status
MEDLINE
Authors Full Name
Baker, Hilary; Wellman, Sandie; Lavender, Verna.
This cross-sectional study compared quality of life and side effects in 108 users of olanzapine or risperidone suffering schizophrenia and being attended at psychiatric ambulatory services in Rio Grande do Norte, Brazil. Economic, socio-demographic, anthropometric, biochemical, and hormonal variables were compared. The EuroQol Five-Dimension Scale (EQ-5D) was used to evaluate quality of life, and side effects were assessed using the Udvalg for Kliniske Undersogelser (UKU) Side Effect Rating Scale and the Simpson-Angus Scale. Data were analysed using the chi(2) test and Student's t test, with a significance level of 5 %. The household incomes of approximately 80 % of patients were <2.0 minimum wages ($678). Anthropometric variables (waist circumference, hip circumference, weight, waist-to-hip ratio) and systolic and diastolic blood pressure were noted among male olanzapine users (all p < 0.05). EQ-5D scores showed that olanzapine use significantly impacted self-help ability (p < 0.001). Risperidone users had a mean quality-adjusted life year value of 1. Mean total Simpson-Angus Scale scores was 0.38 for olanzapine users and 0.11 for risperidone users (p < 0.02). Significant differences in UKU were observed for the following items: asthenia/lassitude/fatigue (higher among olanzapine users,
p = 0.02), dystonia (higher among olanzapine users, p = 0.01), tremors (higher among olanzapine users, p = 0.03), gynecomastia (higher among risperidone users, p < 0.02), and ejaculatory dysfunction (higher among risperidone users, p < 0.02). Olanzapine users had impaired quality of life, which can be explained in part by adverse motor, biochemical, and hormonal effects characteristic of metabolic syndrome.

Status
MEDLINE
Authors Full Name
de Araujo, Aurigena Antunes; Ribeiro, Susana Barbosa; Dos Santos, Ana Cely Souza; Lemos, Telma Maria Araujo Moura; Medeiros, Caroline Addison Xavier; Guerra, Gerlane Coelho Bernardo; de Araujo Junior, Raimundo Fernandes; Serrano-Blanco, Antoni; Rubio-Valera, Maria.
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Medeiros, Caroline Addison Xavier. Postgraduate Programs in Biological Science, Federal University of Rio Grande Norte (UFRN), Natal, RN, Brazil.
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Symptoms and self-care strategies during and six months after radiotherapy for prostate cancer - Scoping the perspectives of patients, professionals and literature. Blomberg K; Wengstrom Y; Sundberg K; Browall M; Isaksson AK; Nyman MH; Langius-Eklof A. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present European Journal of Oncology Nursing. 21:139-45, 2016 Apr. [Journal Article] UI: 26482003

PURPOSE: Under-diagnosed and uncontrolled symptoms in patients with prostate cancer during radiotherapy can have a negative impact on the individual's quality of life. An opportunity for patients to report their symptoms systematically, communicate these symptoms to cancer nurses and to receive self-care advice via an application in an Information and Communication Technology-platform could overcome this risk. The content in the application must precisely capture symptoms that are significant to both patients and health care professionals. Therefore, the aim of the study was to map and describe symptoms and self-care strategies identified by patients with prostate cancer undergoing radiotherapy, by health care professionals caring for these patients, and in the literature.

METHODS: The study combines data from interviews with patients (n = 8) and health care professionals (n = 10) and a scoping review of the literature (n = 26) focusing on the period during and up to 6 months after radiotherapy.

RESULTS: There was a concordance between the patients, health care professionals, and the literature on symptoms during and after radiotherapy. Urinary symptoms, bowel problems, pain, sexual problems, fatigue, anxiety, depression, cognitive impairment and irregular symptoms were commonly described during the initial treatment period. Self-care strategies were rarely described in all three of the sources.

CONCLUSIONS: The results show which symptoms to regularly assess using an Information and Communication Technology-platform for patients with newly-diagnosed prostate cancer during radiotherapy. The next step is to evaluate the efficacy of using the platform and the accuracy of the selected symptoms and self-care advice included in a smartphone application.

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Status
Sexual and Overall Quality of Life Improvements After Surgical Correction of "Buried Penis".
Hughes DB; Perez E; Garcia RM; Aragon OR; Erdmann D.
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[Evaluation Studies. Journal Article]
UI: 25785378
BACKGROUND: "Buried penis" is an increasing burden in our population with many possible etiologies. Although surgical correction of buried penis can be rewarding and successful for the surgeon, the psychological and functional impact of buried penis on the patient is less understood.

METHODS: The study's aim was to evaluate the sexual satisfaction and overall quality of life before and after buried penis surgery in a single-surgeon's patient population using a validated questionnaire (Changes in Sexual Functioning Questionnaire short-form).

RESULTS: Using Likert scales generated from the questionnaire and 1-tailed paired t test analysis, we found that there was significantly improved sexual function after correction of a buried penis. Variables individually showed that there was significant improvement with sexual pleasure, urinating, and with genital hygiene postoperatively. There were no significant differences concerning frequency of pain with orgasms.

CONCLUSIONS: Surgical correction of buried penis significantly improves the functional, sexual, and psychological aspects of patient’s lives.

Hughes, Duncan B; Perez, Edgar; Garcia, Ryan M; Aragon, Oriana R; Erdmann, Detlev.

Institution
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Date Created
20160414

Year of Publication
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The SAD-MEN questionnaire: a new and reliable questionnaire for assessing sexual dysfunction in Asians with diabetes.

Chung CM; Lu MZ; Wong CY; Goh SG; Azhar MI; Lim YM; Rusli BN; Khalid BA.

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AIM: The aim of this study is to construct a new tool for the assessment of sexual dysfunction among men with diabetes that is valid and reliable across different ethnicities, languages and socio-economic backgrounds in South East Asia.

METHODS: Focus group interviews were conducted to determine the construct of the questionnaire. Content and face validity were assessed by a panel of experts. A pilot study was conducted to validate the Sexual Dysfunction in Asian Men with Diabetes (SAD-MEN) questionnaire in English and Malay. The International Index of Erectile Function-5 (IIEF-5) was used for comparison. Construct validity was assessed using exploratory factor analysis, reliability was determined using Cronbach's alpha (> 0.700), and test-retest reliability using Spearman's rank correlation coefficient.

RESULTS: The SAD-MEN questionnaire yielded moderate face and content validity, with high reliability as shown by Cronbach's alpha values of 0.949 for sexual performance and 0.775 for sexual desire for the English version. The Malay language questionnaire had a Cronbach's alpha value of 0.945 for sexual performance and 0.750 for sexual desire. Test-retest reliability using Spearman's test gave correlation coefficients of r = 0.853, P = 0.000 for the English language questionnaire and r = 0.908, P = 0.000 for the Malay language questionnaire.

CONCLUSION: The SAD-MEN questionnaire is a valid and reliable tool by which to assess sexual dysfunction in English- and Malay-speaking Malaysian and South East Asian men with diabetes.

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OBJECTIVES: The objective of this study was to characterize hypopituitarism in adult males with prolactinomas.

PATIENTS AND METHODS: We retrospectively analyzed the records of 102 consecutive patients, classified under three categories based on adenoma size at diagnosis: 1.0-2.0cm (group A), 2.1-4.0cm (group B), and >4.0cm (group C). Further, 76 patients had successful outcomes at follow-up. We compared different forms of pituitary hormone dysfunction (growth hormone deficiency, hypogonadism, hypothyroidism, and hypocortisolism) based on the maximal adenoma diameter.

RESULTS: Serum prolactin levels were significantly correlated with the maximal adenoma diameter ($r=0.867; P=0.000$). Of the patients, 89.2% presented with pituitary failure, which included 74.5% with growth hormone deficiency, 71.6% with hypogonadism, 28.4% with hypothyroidism, and 12.7% with hypocortisolism. The three groups did not differ significantly
(P>0.05) in the incidence of hypopituitarism, including the extent of pituitary axis deficiency, at presentation and following treatment. However, there was a statistically significant difference in the degree of hypogonadism in cases of acquired pituitary insufficiency at diagnosis (P=0.000).

CONCLUSION: In adult males with prolactin-secreting adenomas, the most common form of pituitary hormone dysfunction was growth hormone deficiency and hypogonadism, whereas hypocortisolism was less common. The maximal adenoma diameter and prolactin secretion did not determine hormone insufficiency in adult males with prolactinomas, but these factors did affect the degree of both hypogonadism and hypothyroidism. Smaller tumors were found to recur more frequently than large tumors, and recovery was more common in cases of growth hormone deficiency and hypogonadism.

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Association between Use of Exogenous Testosterone Therapy and Risk of Venous Thrombotic Events among Exogenous Testosterone Treated and Untreated Men with Hypogonadism.
PURPOSE: Limited information exists about whether exogenous testosterone therapy is associated with a risk of venous thrombotic events. We investigated via cohort and nested case-control analyses whether exogenous testosterone therapy is associated with the risk of venous thrombotic events in men with hypogonadism.

MATERIALS AND METHODS: Databases were reviewed to identify men prescribed exogenous testosterone therapy and/or men with a hypogonadism diagnosis. Propensity score 1:1 matching was used to select patients for cohort analysis. Cases (men with venous thrombotic events) were matched 1:4 with controls (men without venous thrombotic events) for the nested case-control analysis. Primary outcome was defined as incident idiopathic venous thrombotic events. Cox regression and conditional logistic regression were used to assess HRs and ORs, respectively. Sensitivity analyses were also performed.

RESULTS: A total of 102,650 exogenous testosterone treated and 102,650 untreated patients were included in cohort analysis after matching, and 2,785 cases and 11,119 controls were included in case-control analysis. Cohort analysis revealed a HR of 1.08 for all testosterone treated patients (95% CI 0.91, 1.27, p = 0.378). Case-control analysis resulted in an OR of 1.02 (95% CI 0.92, 1.13, p = 0.702) for current exogenous testosterone therapy exposure and an OR of 0.92 (95% CI 0.82, 1.03, p = 0.145) for past exogenous testosterone therapy exposure. These results remained nonstatistically significant after stratifying by exogenous testosterone therapy administration route and age category. Most sensitivity analyses yielded consistent results.

CONCLUSIONS: No significant association was found between exogenous testosterone therapy and incidents of idiopathic or overall venous thrombotic events in men with hypogonadism. However, some discrepant findings exist for the association between injectable formulations and the risk of overall venous thrombotic events.

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[Journal Article. Observational Study]
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PURPOSE: In this study we investigated if testosterone undecanoate attenuates anemia and the risk of cardiovascular disease in patients with hypogonadism.

MATERIALS AND METHODS: A registry study consisted of 58 participants with a subnormal total testosterone level (less than 2.35 ng/ml) and at least mild symptoms of testosterone deficiency. All patients received an injection of 1,000 mg testosterone undecanoate at the initial visit, followed by injection at 6, 18, 30, 42 and 54 weeks. Serum hormones, hemoglobin, hematocrit, anemia risk factors, lipid profiles, whole blood viscosity and anthropometry were measured.

RESULTS: Total testosterone (from mean +/- SD 1.87 +/- 1.09 to 5.52 +/- 1.92 ng/ml, p < 0.001) and free testosterone (from 3.04 +/- 2.03 to 7.23 +/- 2.90 pg/ml, p < 0.001) were restored by testosterone undecanoate therapy. Hemoglobin and hematocrit significantly increased after testosterone undecanoate therapy by an average of 2.46 gm/dl (p < 0.001) and 3.03% (p < 0.001), respectively. The prevalence of anemia (from 29.6% to 10.0%) significantly decreased (p < 0.001) and patients with anemia showed a significant increase in erythropoietin after testosterone undecanoate therapy (p = 0.047). A reduction in total cholesterol (from 165.89 +/- 39.16 to 153.80
+/- 154.27 mg/dl, p = 0.002), increased whole blood viscosity and increased hematocrit were observed until 54 weeks compared with baseline. However, whole blood viscosity and hematocrit stabilized after 18 weeks.

CONCLUSIONS: After 54 weeks testosterone undecanoate decreased the prevalence of anemia and components of the metabolic syndrome. A longer duration of testosterone undecanoate therapy of more than 18 weeks may be effective and safe in reducing blood viscosity and improving anemia.

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2016
Restoration of Penile Function and Patient Satisfaction with Intraleisonal Collagenase Clostridium Histolyticum Injection for Peyronie’s Disease.

Ziegelmann MJ; Viers BR; McAlvany KL; Bailey GC; Savage JB; Trost LW.

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[Clinical Trial. Journal Article]

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PURPOSE: Collagenase clostridium histolyticum is approved for the treatment of Peyronie’s disease. To date, no post-release study to our knowledge has evaluated patient perceived outcomes and satisfaction. Therefore, we evaluated patient perceived experience with collagenase clostridium histolyticum injection for Peyronie’s disease in a clinical practice.

MATERIALS AND METHODS: From March 2014 to July 2015, 69 patients underwent 1 to 4 series of collagenase clostridium histolyticum injections for Peyronie's disease at our institution. Objective changes in penile curvature as well as patient reported functional outcomes and patient perceived curvature improvements were evaluated.

RESULTS: By the time of analysis 31 patients (45%) had completed 4 trials, 47 (68%) completed 3 trials and 59 (86%) completed 2 trials. Patient reported improvements (percentage) in curvature increased with each series (trial 1-14%, trial 2-28%, trial 3-30% and trial 4-37%, p <0.05). Among those completing therapy 57% reported that collagenase clostridium histolyticum injections negated a need for surgery and 52% reported restoration of penetration. Overall 81% of men perceived collagenase clostridium histolyticum treatment as meaningful and 88% reported subjective improvements after 4 series of injections. Objective measures demonstrated a mean 23-degree curvature improvement (38%, p <0.0001). Seven patients (10%) experienced penile hematomas and no patients experienced tunical rupture.

CONCLUSIONS: Collagenase clostridium histolyticum reduced the need for surgery and restored penetration in the majority of patients completing 4 series of injections. It also significantly reduced the degree of objectively measured penile curvature. Subjective improvements in curvature increased with each series of collagenase clostridium histolyticum injections as well and the majority of patients considered the therapy worthwhile.

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Ziegelmann, Matthew J; Viers, Boyd R; McAlvany, Kelly L; Bailey, George C; Savage, Joshua B; Trost, Landon W.
Clinical Spectrum of Disorders of Sexual Differentiation.
Rehman UL; Ahsan T; Jabeen R; Zehra F.
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[Journal Article. Observational Study]
UI: 26975951

OBJECTIVE: To describe the mode of presentation and causes of the disorders of sexual differentiation in patients presenting in the Endocrine Clinic.

STUDY DESIGN: Observational study.

PLACE AND DURATION OF STUDY: The Endocrine and Diabetes Unit of Jinnah Postgraduate Medical Centre (JPMC), Karachi, from July 2012 to July 2014.

METHODOLOGY: Patients with phenotypic, psychosocial gender confusion or absence of gender appropriate secondary sexual maturation were enrolled in the study. Patients having chronic systemic disease, as cause of delayed puberty, were excluded from the study. SPSS 13 was used to evaluate the data.

RESULTS: A total of 48 patients registered in the study with mean age of 19.9 +/-8 years. Female gender was assigned to 28 (58.3%) of which 8 (28.57%) had genital ambiguity. Male gender was assigned to 20 (41.66%) patients at the time of birth and 7 (35%) of them had ambiguous
genitalia. Karyotyping could be done in 36 (75%) patients of which 17 (47.2%) were females and 19 (52.7%) were males. Karyotypic gender of the 19 (48.57%) male patients was 46 XX, 46 XY and 47 XXY; in 4 (21.05%), 5 (26.3%) and 10 (52.6%) patients, respectively with 9 Klinefelter syndrome. Karyotypic gender of 17 (47.42%) female patients were 46 XX, 46 XY and 45 X0; in 5 (29.4%), 3 (17.64%) and 9 (52.9%) patients, respectively.

CONCLUSION: Disorder of sexual development constitutes a small but difficult area of endocrinology with disastrous consequences, especially if assigned wrong sex at birth. Mode of presentation of these cases was diverse ranging from delayed puberty, to gender confusion, to pregnancy in a male. Eventually in an adult patient assignment or reassignment of gender identity was primarily the patient's prerogative.

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964.
Cyclophosphamide in combination with glucocorticoids for severe neuropsychiatric systemic lupus erythematosus: a retrospective, observational two-centre study.
Fanouriakis A; Pamfil C; Sidiropoulos P; Damian L; Flestea A; Gusetu G; Rednic S; Bertsias G; Boumpas DT.
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[Journal Article. Multicenter Study. Observational Study. Research Support, Non-U.S. Gov't]
Cyclophosphamide (CYC) is used in severe neuropsychiatric systemic lupus erythematosus (NPSLE), but long-term data regarding its efficacy and safety are lacking. We identified NPSLE cases who received CYC from two centres during the period 1999-2013 and had regular follow-up. General and neuropsychiatric outcome at last follow-up visit were determined, and major complications were documented. CYC was administered in 50 neuropsychiatric events. Median age was 45.0 years and 46% of patients were positive for antiphospholipid antibodies. Most frequent indications were psychosis (11 cases), polyneuropathy (six cases), and cerebrovascular disease, seizure disorder and cranial neuropathy (five cases). CYC was mainly administered as monthly pulses (median number: 8.0 (range 3-26), median cumulative dose: 7.2g (range 2.4-33.8)). Cases were followed for a median of 46.5 months (range 5-408). At last follow-up, partial or complete response of NPSLE was observed in 84% of events; 10% had stable disease, whereas the remaining 6% failed to improve or worsened and were rescued with rituximab. In events that responded to CYC, maintenance therapy consisted of azathioprine in 31 events (65.9%), bimonthly or quarterly pulses of intravenous CYC in nine (19.1%), and mycophenolate mofetil in five (10.6%). Relapses were observed in six events (12%) at median eight months after initial response. No malignancies were observed, yet there were three cases of severe infections. Amenorrhea was recorded in three patients, who had not received gonadal protection. In conclusion, cyclophosphamide was efficacious and led to sustained response of severe NPSLE in a cohort with long follow-up.

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Antifibrogenic role of valproic acid in streptozotocin induced diabetic rat penis.

Kutlu O; Karaguzel E; Gurgen SG; Okatan AE; Kutlu S; Bayraktar C; Kazaz IO; Eren H.

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We investigated the therapeutic effects of valproic acid (VPA) on erectile dysfunction and reducing penile fibrosis in streptozocin (STZ)-induced diabetic rats. Eighteen male rats were divided into three experimental groups (Control, STZ-DM, STZ-DM plus VPA) and diabetes was induced by transperitoneal single dose STZ. Eight weeks after, VPA and placebo treatments were given according to groups for 15 days. All rats were anesthetised for the measurement of in vivo erectile response to cavernous nerve stimulation. Afterward penes were evaluated histologically in terms of immune labelling scores of endothelial nitric oxide synthase (eNOS), vascular endothelial growth factor (VEGF) and transforming growth factor-beta1 (TGF-beta1). Slides were
also evaluated in terms of collagen/smooth muscle ratio and penile apoptosis. After the treatment with VPA, erectile responses were found as improved when compared with STZ-DM rats but not statistically meaningful. eNOS and VEGF immune expressions diminished in penile corpora of STZ-DM rats and improved with VPA treatment. VPA led to decrease in TGF-beta1 expression and collagen content of diabetic rats' penes. Penile apoptosis was not diminished with VPA. In conclusion, VPA treatment seems to be effective for reducing penile fibrosis in diabetic rats and more prolonged treatment period may enhance erectile functions.

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Sexual dysfunction in testicular cancer patients subjected to post-chemotherapy retroperitoneal lymph node dissection: a focus beyond ejaculation disorders.
Dimitropoulos K; Karatzas A; Papandreou C; Daliani D; Zachos I; Pisters LL; Tzortzis V.
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Post-chemotherapy retroperitoneal lymph node dissection (PC-RPLND) represents an integral part of multidisciplinary treatment of advanced germ cell cancer; however, it is associated with a high complications rate. The present study aimed to describe sexual disorders in 53 patients with testicular cancer who underwent full bilateral, non-nerve-sparing PC-RPLND in our institution, focusing beyond ejaculatory dysfunction. The International Index for Erectile Function (IIEF) questionnaire was used as diagnostic tool of male sexual functioning pre-operatively and three months after RPLND, while post-operatively patients were asked to describe and evaluate changes in selected sexual parameters. Study findings demonstrate mixed pattern of changes in sexual functioning, with no difference in erectile functioning before and after operation. However, orgasmic function and intercourse and overall sexual satisfaction were found significantly impaired post-operatively. Sexual desire and frequency of attempted sexual intercourses were found significantly increased post-operatively, in comparison with pre-operative levels. With regard to patients’ subjective perception on sexual functioning alterations after PC-RPLND, a significant number of patients reported higher levels of sexual desire, no difference in erectile function and worse orgasmic function and satisfaction post-operatively. Thus, patients subjected to PC-RPLND should be closely and routinely evaluated due to close relationship of sexual dissatisfaction with secondary psychological disorders.
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An open-label, phase 2, single centre, randomized, crossover design bioequivalence study of AndroForte 5% testosterone cream and Testogel 1% testosterone gel in hypogonadal men: study LP101.

Wittert GA; Harrison RW; Buckley MJ; Wlodarczyk J.

We compared a novel 5% testosterone (T) cream (AndroForte 5, Lawley Pharmaceuticals, Australia) with a 1% T gel (Testogel, Besins Healthcare, Australia). Using an open-label crossover design, subjects were randomized to one of two treatment sequences using either the T gel or T cream first in a 1:1 ratio. Each treatment period was 30 days with a 7-14 days washout period between them. On Days 1 and 30 of each treatment period blood was sampled at -15, -5 min, 0, 2, 4, 5, 6, 7, 8, 9, 10, 12 and 16 h post study drug administration. Sixteen men with established androgen deficiency aged between 29 and 73 years, who had undertaken a washout from prior testosterone therapy participated in the study. One subject failed to complete both
arms and another was excluded post-completion because of a major protocol violation.

Bioequivalence was established based on key pharmacokinetic (PK) variables: AUC, C(avg), C(max), T(max), % fluctuation (with and without baseline correction) for the two formulations of testosterone on Day 1 and Day 30. The ratio and 90% CI of AUC 0.99 (0.86-1.14), C(max) 1.02 (0.84-1.24) and C(avg) 0.99 (0.86-1.14) for T cream/T gel were within the predetermined bioequivalence criteria of 80% to 125% at Day 30. There were no statistically significant differences between secondary biochemical markers: serum dihydrotestosterone (DHT), oestradiol (E2), sex hormone-binding globulin (SHBG), luteinizing hormone (LH) and (FSH). The two testosterone formulations were shown to be bioequivalent.

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968.
Duration of priapism is associated with increased corporal oxidative stress and antioxidant enzymes in a rat model.

Kucukdurmaz F; Kucukgergin C; Akman T; Salabas E; Armagan A; Seckin S; Kadioglu A. OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
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Ischaemic priapism is characterised by hypoxia, hypercapnia and acidosis with resultant corporal fibrosis. Studies reported decreased erectile recovery after treatment of priapism longer than 36 h. However, a recent study revealed that half of patients with 3 days of priapism achieved recovery after T-shunt, although mechanism remains unclear. We aimed to investigate the effect of priapism duration on oxidative stress and antioxidant enzymes. Twenty-four male rats were divided into four groups. Group 1 served as control. Groups 2, 3 and 4 represented 1, 2 and 4 h, respectively, of priapism induced by vacuum device and rubber band placed at base of erect penis. After 30 min of reperfusion, penectomy and blood withdrawal were performed to investigate levels of malondialdehyde (MDA), protein carbonyl (PC), superoxide dismutase (SOD), catalase (CAT), glutathione peroxidase (GPx). Corporal MDA progressively increased with priapism duration (P = 0.01). Corporal SOD significantly differed between groups 1, 2 and 4. Also, there were significant differences in corporal GPx in groups 1 and 4 (P = 0.004) and groups 2 and 4 (P = 0.01). Corporal CAT was higher in group 4, but multivariable analysis revealed insignificant differences. Plasma MDA of the experimental groups was significantly higher than that of controls. There were no differences among groups in terms of other parameters. Increased antioxidant enzymes according to duration of priapism suggest that immediate treatment to relieve oxidative stress should be initiated in prolonged cases. However, further studies should be conducted to determine resistance mechanisms of the corpora to prolonged ischaemia.

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Increased sexual desire with exogenous testosterone administration in men with obstructive sleep apnea: a randomized placebo-controlled study.

Melehan KL; Hoyos CM; Yee BJ; Wong KK; Buchanan PR; Grunstein RR; Liu PY.

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Testosterone (T) deficiency, sexual dysfunction, obesity and obstructive sleep apnea (OSA) are common and often coexist. T prescriptions have increased worldwide during the last decade, including to those with undiagnosed or untreated OSA. The effect of T administration on sexual function, neurocognitive performance and quality of life in these men is poorly defined. The aim of this study was to examine the impact of T administration on sexual function, quality of life and neurocognitive performance in obese men with OSA. We also secondarily examined whether baseline T might modify the effects of T treatment by dichotomizing on baseline T levels pre-specified at 8, 11 and 13 nmol/L. This was a randomized placebo-controlled study in which 67 obese men with OSA (mean age 49 +/- 1.3 years) were randomized to receive intramuscular injections of either 1000 mg T undecanoate or placebo at baseline, week 6 and week 12. All participants were concurrently enrolled in a weight loss program. General and sleep-related quality of life, neurocognitive performance and subjective sexual function were assessed before and 6, 12 and 18 weeks after therapy. T compared to placebo increased sexual desire (p = 0.004) in all men, irrespective of baseline T levels. There were no differences in erectile function, frequency of sexual attempts, orgasmic ability, general or sleep-related quality of life or neurocognitive function (all p = NS). In those with baseline T levels below 8 nmol/L, T increased vitality (p = 0.004), and reduced reports of feeling down (p = 0.002) and nervousness (p = 0.03). Our findings show that 18 weeks of T therapy increased sexual desire in obese men with OSA.
independently of baseline T levels whereas improvements in quality of life were evident only in 
those with T levels below 8 nmol/L. These small improvements would need to be balanced 
against potentially more serious adverse effects of T therapy on breathing.

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Page 1348
Comparing the Effects of Sertraline with Duloxetine for Depression Severity and Symptoms: A Double-Blind, Randomized Controlled Trial.

Mowla A; Dastgheib SA; Razeghian Jahromi L.

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[Comparative Study. Journal Article. Randomized Controlled Trial]

UI: 27071759

BACKGROUND AND OBJECTIVE: Selecting the most effective treatment for major depressive disorder (MDD) is a challenge for clinicians. The aim of this study was to compare the effects of sertraline with duloxetine on major depression signs and symptoms.

METHODS: The trial was a 6-week, randomized, controlled, double-blind study. Sixty-three patients with diagnosis of MDD according to DSM-IV-TR criteria were randomly assigned to receive either duloxetine (31 patients) or sertraline (32 patients). The mean dosage of duloxetine was 55 mg/day (range 40-60 mg/day) and the mean dosage of sertraline was 146 mg/day (range 50-200 mg/day). Subjects were assessed at baseline, and at the end of week 6. Depression severity and symptoms were assessed by 21-item Hamilton Depression Rating Scale (HAM-D).
RESULTS: Of 63 patients who were randomized to treatment, 54 patients including 28 in the sertraline group and 26 in the duloxetine group completed the trial. The HAM-D total score for both groups was significantly reduced at the end of the trial period without significant difference from each other (p = 0.463). Of the symptoms studied, psychomotor retardation, general somatic symptoms and sexual problems improved more in the duloxetine group. On the other hand, agitation, anxiety symptoms and hypochondriasis ameliorated better in the sertraline group. There was no difference between the two groups regarding the other symptoms.

CONCLUSIONS: Our study shows that the antidepressant mechanism of action has influence on its effects on different signs and symptoms. Clinician awareness of an antidepressant's special effects can help in selecting appropriate medicine.

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BACKGROUND: Prostate cancer is the most common cancer in men, and radical prostatectomy (RP) often results in erectile dysfunction (ED) and a substantially reduced quality of life. The efficacy of current interventions, principal treatment with PDE-5 inhibitors, is not satisfactory and this condition presents an unmet medical need. Preclinical studies using adipose-derived stem cells to treat ED have shown promising results. Herein, we report the results of a human phase 1 trial with autologous adipose-derived regenerative cells (ADRCs) freshly isolated after a liposuction.

METHODS: Seventeen men suffering from post RP ED, with no recovery using conventional therapy, were enrolled in a prospective phase 1 open-label and single-arm study. All subjects had RP performed 5-18 months before enrolment, and were followed for 6 months after intracavernosal transplantation. ADRCs were analyzed for the presence of stem cell surface markers, viability and ability to differentiate. Primary endpoint was the safety and tolerance of the cell therapy while the secondary outcome was improvement of erectile function. Any adverse events were reported and erectile function was assessed by IIEF-5 scores. The study is registered with ClinicalTrials.gov, NCT02240823.

FINDINGS: Intracavernous injection of ADRCs was well-tolerated and only minor events related to the liposuction and cell injections were reported at the one-month evaluation, but none at later time points. Overall during the study period, 8 of 17 men recovered their erectile function and were able to accomplish sexual intercourse. Post-hoc stratification according to urinary continence status was performed. Accordingly, for continent men (median IIEF inclusion = 7 (95% CI 5-12), 8 out of 11 men recovered erectile function (IIEF6 months = 17 (6-23)), corresponding to a mean difference of 0.57 (0.38-0.85; p = 0.0069), versus inclusion. In contrast, incontinent men did not regain erectile function (median IIEF1/3/6 months = 5 (95% CI 5-6); mean difference 1 (95% CI 0.85-1.18), p > 0.9999).

INTERPRETATION: In this phase I trial a single intracavernosal injection of freshly isolated autologous ADRCs was a safe procedure. A potential efficacy is suggested by a significant improvement in IIEF-5 scores and erectile function. We suggest that ADRCs represent a promising interventional therapy of ED following prostatectomy.

FUNDING: Danish Medical Research Council, Odense University Hospital and the Danish Cancer Society.

Status
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Comments
Prevalence of male secondary hypogonadism in moderate to severe obesity and its relationship with insulin resistance and excess body weight.

Calderon B; Gomez-Martin JM; Vega-Pinero B; Martin-Hidalgo A; Galindo J; Luque-Ramirez M; Escobar-Morreale HF; Botella-Carretero JI.


[Journal Article. Research Support, Non-U.S. Gov't]

To study the prevalence of male obesity-secondary hypogonadism (MOSH) in patients with moderate to severe obesity, we performed a prospective prevalence study including 100 male patients with moderate to severe obesity at a university tertiary hospital. Total testosterone (TT) and sex hormone-binding globulin (SHBG) concentrations among others were assayed in all patients. Serum-free testosterone (FT) concentration was calculated from TT and SHBG levels. Semen analysis was conducted in 31 patients. We found a prevalence of 45% (95% CI: 35-55%) when considering decreased TT and/or FT concentrations. Serum concentrations of TT were correlated negatively with glucose (r = -0.328, p < 0.001) and insulin resistance (r = -0.261, p = 0.011). The same occurred with FT and glucose (r = -0.340, p < 0.001) and insulin resistance (r = -0.246, p = 0.016). Sixty-two percent (95% CI: 39-85%) of the patients with semenogram also presented abnormal results in semen analysis. The frequencies of low TT or low FT values were similar in patients with abnormal or normal semen analysis (p = 0.646 and p = 0.346, respectively). Ejaculate volume inversely correlated with BMI (p = -0.400, p = 0.029) and with excess body weight (p = -0.464, p = 0.010). Our data show the prevalence of MOSH in patients with moderate to severe obesity is high. Low circulating testosterone is associated with insulin
resistance and low ejaculate volume with higher BMI and excess body weight. Semen analysis must be performed in these patients when considering fertility whether or not presenting low circulating testosterone.

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Does total hip replacement affect sexual quality of life? [Review]
Harmsen RT; Haanstra TM; Sierievelt IN; Jansma EP; Nolte PA; Nicolai MP; Wall PD; Van Royen BJ.
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BMC Musculoskeletal Disorders. 17:198, 2016 May 04.
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UI: 27141980
BACKGROUND: Total Hip Replacement (THR) is an effective treatment for end-stage hip osteoarthritis. Since the introduction of total joint replacement, the effect on the Sexual Quality of Life (SQoL) following THR has been addressed in scant studies. The aim of our study was to systematically review the literature, to summarise effects of THR on patients’ SQoL.
METHODS: We searched PubMed, EMBASE and PsycINFO between January 1970 and February 9th, 2015 with search terms including Total Hip, Osteoarthritis, SQoL, and THR. Eligible studies were identified and two independent authors extracted data including details of SQoL, study quality and risk of bias.
RESULTS: There were 12 eligible studies, which included a total of 2099 patients with an age range of 20-85 years. The methodological quality of ten studies was rated as low, and of two as moderate. Amongst the majority of patients, SQoL improved after surgery, both in terms of physical-functional and psychosocial well-being. However, changes between pre-operative and postoperative SQoL ranged extensively: for example, Sexual Dysfunction DELTA 8-51% and Sexual Activity (SA) DELTA 0-77%. Three studies reported that some patients never resumed SA again after surgery.
CONCLUSION: In over 40 years of THR treatment, scant studies have examined the effect of THR on patients’ SQoL. This review suggests that SQoL improves after THR, although the magnitude of effects varies highly. However, the quality of the supporting evidence was rated as low to moderate. This suggests a need for more high quality evidence about the effects of THR on SQoL.
NatestoTM, a novel testosterone nasal gel, normalizes androgen levels in hypogonadal men.

Rogol AD; Tkachenko N; Bryson N.

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Advantages of testosterone nasal gel include ease of administration, low dose, and no risk of secondary transference. The efficacy and safety of testosterone nasal gel was evaluated in hypogonadal males. The ninety-day, randomized, open-label, dose-ranging study, included potential dose titration and sequential safety extensions to 1 year. At 39 US outpatient sites, 306 men (mean age 54.4 years) with two fasting morning total serum testosterone levels <300 ng/dL were randomized (n = 228, b.i.d. dosing; n = 78, t.i.d. dosing). Natesto(TM) Testosterone Nasal Gel was self-administered, using a multiple-dose dispenser, as two or three daily doses (5.5 mg per nostril, 11.0 mg single dose). Total daily doses were 22 mg or 33 mg. The primary endpoint was the Percentage of patients with Day-90 serum total testosterone average concentration (C(avg)) value within the eugonadal range (>300 ng/dL, <1050 ng/dL). At Day 90, 200/273 subjects (73%; 95% CI 68, 79) in the intent-to-treat (ITT) population and 180/237 subjects (76%; 71, 81) in the per-protocol (PP) population were in the normal range. Also, in the normal range were 68% (61, 74) of ITT subjects and 70% (63, 77) of PP subjects in the titration arm, as well as, 90% (83, 97) of ITT subjects and 91% (84, 98) of PP subjects in the fixed-dose arm. Natesto(TM) 11 mg b.i.d. or 11 mg t.i.d. restores normal serum total testosterone levels in most hypogonadal men. Erectile function, mood, body composition, and bone mineral density improved from baseline. Treatment was well tolerated; adverse event rates were low. Adverse event discontinuation rates were 2.1% (b.i.d.) and 3.7% (t.i.d.). This study lacked a placebo or an active comparator control which limited the ability to adequately assess some measures.

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Causes of hypogonadotropic hypogonadism predict response to gonadotropin substitution in adults.
Rohayem J; Sinthofen N; Nieschlag E; Kliesch S; Zitzmann M.
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[Journal Article]
UI: 26779870

Germ cell and Sertoli cell proliferation and maturation in human testes occur in three main waves, during the late fetal and early neonatal period and at early puberty. They are triggered by periods of increased activity of the hypothalamic-pituitary-gonadal (HPG) axis. In hypogonadotropic hypogonadism (HH), these processes are variably disturbed. The objective of this study was to explore whether success of gonadotropin replacement in HH men is predictable by the origin of HH, indicating time of onset and severity of GnRH/gonadotropin deficiency. The data of 51 adult HH patients who had undergone one cycle of hCG/FSH treatment were reviewed. Five groups were established, according to the underlying HH origin. Therapeutic success by final bi-testicular volumes (BTVs) final sperm concentrations (SC) and conception rates were compared and related to baseline parameters, indicative of the degree of HPG-axis disruption. Overall, BTVs rose from 13 +/- 15 to 27 +/- 15 mL, spermatogenesis was induced in 98%, with mean SCs of 15 +/- 30 mill/mL, spontaneous pregnancies in 37% and additional 18% via intracytoplasmic sperm injection. Kallmann syndrome patients had the poorest responses (BTV: 16.9 +/- 10 mL; SC: 3.5 +/- 5.6 mill/mL), followed by patients with congenital/infancy-acquired multiple pituitary hormone deficiencies (MPHD) and patients with HH+absent puberty (BTV: 21 +/- 14/24 +/- 9 mL; SC: 5.5 +/- 6.5/14.5 +/- 23.8 mill/mL). HH men with pubertal arrest and with post-pubertally acquired MPHD had the best results (BTV: 36 +/- 14/38 +/- 16 mL; SC: 25.4 +/- 34.2/29.9 +/- 50.5 mill/mL). Earlier conception after 20.3 +/- 11.5 months (vs. 43.1 +/- 43.8; p = 0.047) of gonadotropin treatment with higher pregnancy rates (62% vs. 42%) was achieved in the two post-pubertally acquired HH subgroups, compared to the three pre-pubertally acquired. Therapeutic success was higher in patients without previously undescended testes, with higher baseline BTVs (pre- vs. post-pubertal HH: 5 +/- 4 mL vs. 26 +/- 16 mL; p < 0.0001) and higher baseline inhibinB levels (pre- vs. post-pubertal HH: 16.6 vs. 144.5 pg/mL; p = 0.0004). The cause of HH is a valuable predictor of outcome of gonadotropin replacement in adults.

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A prospective, randomized, placebo-controlled trial of on-Demand vs. nightly sildenafil citrate as assessed by Rigiscan and the international index of erectile function.
Kim DJ; Hawksworth DJ; Hurwitz LM; Cullen J; Rosner IL; Lue TF; Dean RC.
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[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
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Multiple studies have evaluated the use of PDE5 inhibitors in penile rehabilitation following nerve-sparing prostatectomy. These studies have evaluated the use of various pharmacologic agents as well as various approaches to treatment (on-demand vs. rehabilitative). Most of these studies
relied on self-reported outcomes to determine efficacy of the therapy which could allow response bias to affect their results. The aim of this study was to evaluate the effects of nightly sildenafil citrate therapy during penile rehabilitation, using nocturnal penile rigidity (RigiScan(TM), Gotop Medical, Inc., St. Paul, MN, USA) in addition to the IIEF-EF. Patients with localized prostate cancer and normal erectile function prior to nsRP were randomized to take either nightly 50 mg sildenafil citrate or placebo starting the night following surgery. Both groups were allowed on-demand sildenafil citrate. Erectile function was evaluated at 2 weeks, 3, 6, 9 and 12 months post-operatively, with a final assessment made at 13 months, following a 1 month drug washout. At all time points, self-reported (IIEF-EF) and objective (RigiScan(TM)) measures were obtained and evaluated. About 74 of 97 randomized patients completed the study. On completion, 40% of patients in each group had normal erectile function based on RigiScan(TM) (p = 1.0). Additionally, no statistical differences were seen using the IIEF-EF domain (32.4% of placebo, 29% of treatment; p = 0.79). Multivariable analysis showed no significant differences in erectile function based on treatment intervention. Results did show that African-American men in this cohort were at higher risk for lower RigiScan(TM) scores over time (OR: 0.48, p = 0.0399). This study demonstrates that nightly sildenafil citrate does not provide a therapeutic benefit for recovery of erectile function post-prostatectomy when compared to on-demand dosing using both self-reported as well as objective measures. Differences in objective recovery parameters based on patients’ race/ethnicity warrant further investigation.

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Anatomical basis and clinical research of pelvic autonomic nerve preservation with laparoscopic radical resection for rectal cancer.

Liu Y; Lu XM; Tao KX; Ma JH; Cai KL; Wang LF; Niu YF; Wang GB.

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[Journal Article]
UI: 27072964

The clinical effect of laparoscopic rectal cancer curative excision with pelvic autonomic nerve preservation (PANP) was investigated. This study evaluated the frequency of urinary and sexual dysfunction of 149 male patients with middle and low rectal cancer who underwent laparoscopic or open total mesorectal excision with pelvic autonomic nerve preservation (PANP) from March 2011 to March 2013. Eighty-four patients were subjected to laparoscopic surgery, and 65 to open surgery respectively. The patients were followed up for 12 months, interviewed, and administered a standardized questionnaire about postoperative functional outcomes and quality of life. In the laparoscopic group, 13 patients (18.37%) presented transitory postoperative urinary dysfunction, and were medically treated. So did 12 patients (21.82%) in open group. Sexual desire was maintained by 52.86%, un-ability to engage in intercourse by 47.15%, and un-ability to achieve orgasm and ejaculation by 34.29% of the patients in the laparoscopic group. Sexual desire was maintained by 56.36%, un-ability to engage in intercourse by 43.63%, and un-ability to achieve orgasm and ejaculation by 33.73% of the patients in the open group. No significant differences in urinary and sexual dysfunction between the laparoscopic and open rectal resection groups were observed (P>0.05). It was concluded that laparoscopic rectal cancer radical excision with PANP did not aggravate or improve sexual and urinary dysfunction.
The Role of Levomilnacipran in the Management of Major Depressive Disorder: A Comprehensive Review. [Review]
Bruno A; Morabito P; Spina E; Muscatello MR.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Levomilnacipran, the more active enantiomer of the serotonin and norepinephrine reuptake inhibitor (SNRI) milnacipran, was recently approved in the US for the treatment of major depressive disorder (MDD). The drug was developed as an extended release (ER) capsule formulation to allow for once-daily administration, thereby improving patient adherence. This agent differs from other available SNRIs in having a greater potency for inhibition of norepinephrine relative to serotonin reuptake. The efficacy of levomilnacipran ER has been evaluated in seven randomised, double-blind clinical trials (one Phase II and four Phase III trials, and two long-term efficacy studies). These studies documented that levomilnacipran is generally more effective than placebo for the treatment of MDD in the short-term, whereas no firm evidence exists on long-term efficacy for relapse prevention. Preliminary evidence suggests that levomilnacipran ER may be effective in improving not only depressive symptoms but also symptoms related to functioning (social life, work, and family life). Short- and longer-term studies found that the rate of withdrawal from levomilnacipran therapy due to adverse events was rather low. Moreover, the drug appeared to be generally well tolerated. The most common adverse effects included nausea, hyperhidrosis, constipation, tachycardia, palpitations, erectile dysfunction and ejaculation disorder. As hypertension or orthostatic hypotension may occur in a few patients, the cardiovascular safety of levomilnacipran needs to be more extensively investigated especially on long-term treatment. Additional active comparator trials evaluating efficacy, tolerability and cost-effectiveness are required to better define the role of levomilnacipran ER in the treatment of MDD in relation to currently available antidepressants including other SNRIs.
Sexual Function after Partial Penectomy: A Prospectively Study From China.
Yu C; Hequn C; Longfei L; Minfeng C; Zhi C; Feng Z; Jinbo C; Lin Q; Xiongbing Z.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Scientific Reports. 6:21862, 2016 Feb 23.
[Journal Article. Research Support, Non-U.S. Gov't]
UI: 26902397
The Purpose of this study was to evaluate the sexual function after partial penectomy for penile carcinoma patients. Between January 2010 and May 2013, patients treated with partial penectomy at our institution were prospectively enrolled in this study. Sexual function (IIEF-15), age, body mass index, penile length in the flaccid state after partial penectomy (PL), treatment, having a partner and psychological factors (SAS scores and SDS scores) were assessed. Univariate and multivariate linear regression analyses were performed. 43 patients were included in our study. The median age was 56 years, and the median PL was 4 cm. The preoperative IIEF-15, SAS, SDS scores were significantly different from the postoperative scores. There was no statistically significant difference between the patients treated with partial penectomy and partial penectomy+ lymphadenectomy on IIEF-15 scores. Age was negatively associated with erectile function, sexual desire, and overall satisfaction; PL was positively associated with intercourse satisfaction; SAS score was negatively associated with erectile function, orgasmic function, sexual desire, and intercourse satisfaction. Our preliminary findings suggest that the sexual function after partial penectomy was significantly reduced. The sexual function was negatively affected by age and anxiety but positively affected by PL.
Status
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Orthotopic neobladder vs. ileal conduit urinary diversion: A long-term quality-of-life comparison.
Goldberg H; Baniel J; Mano R; Rotlevy G; Kedar D; Yossepowitch O.
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[Comparative Study. Journal Article]
UI: 26670201
PURPOSE: The optimal form of urinary diversion following radical cystectomy remains controversial. We sought to compare the long-term health-related quality-of-life outcomes between patients with orthotopic neobladder and ileal conduit diversion (ICD).
PATIENTS AND METHODS: We enrolled 95 patients following radical cystectomy and ICD (n = 49) or orthotopic neobladder reconstruction (ONR) (n = 46), with a minimum interval of 1 year from surgery. All patients completed the Bladder Cancer Index questionnaire, assessing their urinary, bowel, and sexual function, and bother scores.

RESULTS: Patients treated with ONR were generally younger and healthier compared with those who underwent ICD (P<0.01). Sex, marital status, disease status at the time of enrollment, and mean duration elapsing from surgery to interview were similar between the subgroups. Better functional scores in favor of ICD were recorded in the urinary domain (P<0.01), whereas the corresponding bother scores were roughly identical in both groups. Conversely, although higher functional scores were recorded in the sexual domain of patients with ONR (P<0.01), the corresponding bother scores in this group were lower compared with their counterparts with ICD (53.2 vs. 65.3; P<0.05). As patients grew older they were more likely to report on better urinary function and worse sexual function, but were less likely to be bothered by the decline in sexual function.

CONCLUSIONS: Our study suggests that the bother resulting from urinary incontinence and the risk of sexual dysfunction be highlighted to those electing for neobladder reconstruction, whereas patients preferring conduit diversion should be reassured that their expected quality of life is not compromised.
The value of positive Oct3/4 and D2-40 immunohistochemical expression in prediction of germ cell neoplasia in prepubertal boys with cryptorchidism.

Clasen-Linde E; Kvist K; Cortes D; Thorup J.

OBJECTIVE: Intratubular germ cell neoplasia (ITGCN) is a precursor to testicular germ cell cancer. Adult germ cell cancer immunohistochemical markers fail to detect ITGCN in prepubertal boys with congenital cryptorchidism, because positive immunohistochemistry is commonly seen below 18 months old, where most orchiopexies are performed. The aim of the study was to evaluate the ability of Oct3/4 and D2-40 immunohistochemical markers to detect ITGCN in boys older than 2 years with cryptorchidism.

MATERIALS AND METHODS: Histological sections from 309 testicular biopsies from 234 boys aged 1 month to 14 years, 6 months operated on for cryptorchidism were incubated with primary antibodies including anti-placental-like alkaline phosphatase, anti-Oct3/4, anti-C-kit and anti-D2-40 receptor.

RESULTS: One 3-year, 8-month-old boy with 45X/46XY disorder of sexual development had ITGCN and all positive markers. Besides this case, none of the 192 testes except one from boys older than 2 years had any Oct3/4- or D2-40-positive germ cells identified. The germ cells of the right testis from a 3-year, 7-month-old boy had weak Oct3/4 expression but were D2-40 negative. The prevalences of Oct3/4- and D2-40-positive staining of germ cells in testicular biopsies were, for each age group: < 6 months, 100% and 50%; 6 months to < 1 year, 65% and 16%; 1 to < 2 years, 15% and 3%; and 2 years to < 14 years, 6 months, 2% and 1%, respectively.

CONCLUSION: Oct3/4 and D2-40 immunohistochemical markers may be beneficial in detecting ITGCN in boys older than 2 years with cryptorchidism. Even when immunohistochemistry is
applied, prepubertal ITGCN is so rarely demonstrated in cryptorchid testes that it is not plausible that ITGCN generally originates during fetal development in cryptorchidism.

Status
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Pediatric Bulbar and Posterior Urethral Injuries: Operative Outcomes and Long-Term Follow-Up.
Trachta J; Moravek J; Kriz J; Padr R; Skaba R.
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
[Evaluation Studies. Journal Article]
UI: 26540444

AIM: The aim of this study was to analyze complications and outcomes of end-to-end urethral anastomosis performed for posttraumatic bulbar strictures or posterior urethral injuries in pediatric patients.
METHODS: The records of 15 boys, age 18 years and below, admitted to our tertiary trauma center with urethral injuries from 1989 to 2014 were reviewed retrospectively. Out of these 15 boys, 7 were excluded (2 for iatrogenic trauma, 2 for minor straddle injuries who were not operated on, 2 for incomplete records, and 1 lost to follow-up) and 8 analyzed patients were operated for bulbar or posterior urethral injury. The mean follow-up after the operation was 4.5 years (range 0.5-10). To obtain up-to-date follow-up information, all the analyzed patients were contacted by a letter and telephone in January 2015 and asked about lower urinary tract or erectile dysfunction (ED) using the International Index of Erectile Function-5 questionnaire.

RESULTS: Mean age at the time of injury was 12.3 years (range 5-17). Four patients with pelvic fracture had complete posterior urethra disruption, three patients after straddle injury developed obliterating stricture of the bulbar urethra and one patient had torn his bulbar urethra apart by a sharp hook. Except for the immediate exploration of the open perineal wound, all patients were operated via perineal approach 1 to 6 months after initial suprapubic catheter insertion. Five patients needed a cystotomy to identify the proximal urethral stump by a probe, and two patients had partial pubectomy to gain urethral length. Postoperative complications included stricture in anastomosis in six patients (all reoperated, four more than once including attempts of endoscopic internal urethrotomy). Six days after surgery, one patient developed massive external bleeding around a permanent urinary catheter due to a posttraumatic ruptured arterial aneurysm that was later stopped by urgent angiography and coil insertion. After discharge, three patients had transient stress incontinence. All patients had uroflowmetry maximum flow above 20 mL/s on their last follow-up except for two (12 and 15 mL/s). None have any lower urinary tract dysfunction symptoms in adulthood; one suffers from mild ED and two report moderate ED due to penile shortening.

CONCLUSION: Delayed end-to-end anastomosis for pediatric urethral injury is a safe operational option. However, high rate of short-term complications and reoperations should be expected. Penile shortening is one of the most severe long-term complications.
Randomized Crossover Comparison of the Short-Term Efficacy and Safety of Single Half-Dose Silodosin and Tamsulosin Hydrochloride in Men With Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia.

Takeshita H; Moriyama S; Arai Y; Washino S; Saito K; Chiba K; Horiuchi S; Noro A.

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[Comparative Study. Journal Article. Randomized Controlled Trial]

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OBJECTIVE: To compare the efficacy and safety of single half-dose silodosin and single full-dose tamsulosin in Japanese men with lower urinary tract symptoms secondary to benign prostatic hyperplasia (LUTS/BPH).

METHODS: Japanese men aged >50 years with LUTS/BPH and an International Prostate Symptom Score (IPSS) of >8 were enrolled in the randomized crossover study and divided into silodosin-preceding (S-T) and tamsulosin-preceding (T-S) groups. The S-T group received 4 mg silodosin once daily for 4 weeks followed by 0.2 mg tamsulosin once daily for 4 weeks. The T-S group received the reverse treatment sequence. A washout period prior to drug crossover was not included. Subjective and objective efficacy parameters including IPSS, quality of life (QOL) index, uroflowmetry, and safety were compared between the two groups.

RESULTS: Thirty of 34 men (S-T group n = 16; T-S group n = 14) completed the study. Both drugs significantly improved all IPSS items and QOL index in the first treatment period. Subjective improvement in nocturia by silodosin was observed in both the first and crossover treatment periods. Objective improvement in maximum flow rate by silodosin was only observed in the first treatment period. Adverse events occurred more frequently with silodosin than with tamsulosin;
however, none of the adverse events required treatment discontinuation. Ejaculation disorders occurred in three participants (10%) and were associated with silodosin use.

CONCLUSION: Single half-dose silodosin has a similar efficacy to full-dose tamsulosin in Japanese men with LUTS/BPH and thus, may represent an effective, safe, and affordable treatment option.

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Status
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We aimed to investigate the predictive factor of erectile dysfunction (ED) in prostate cancer (PCa) patients who underwent low-dose permanent I(125) seed implant brachytherapy and to investigate if ED could represent a patient's reported outcome measures (PROMs) of efficacy of BT and indirectly associated with biochemical recurrence free survival (BRFS). From 2000 to 2012, 176 consecutive patients with low-risk PCa underwent BT. ED was evaluated with the International Index of Erectile Function (IIEF-5). Cox regression analysis was performed to assess significant predictors of mild-to-severe ED and BRFS after BT, including covariates. The 10-year actuarial rate of ED was 66%. Subjects with severe ED had higher values of D90 (183.0 versus 177.0; p<0.05) and V100% (40.1 versus 31.4; p<0.05) compared with normal. At the multivariate logistic regression analysis, D90 (OR: 1.10; p<0.05) was an independent predictor of ED. Multivariate Cox-regression analysis did not demonstrate significant association between erectile preservation and biochemical recurrence (BCR) after 10 years of follow up (HR: 2.15; p=0.20), while D90<180Gy independently predicted BCR (HR: 4.65; [95%CI: 1.25-17.34]; p<0.05). Erectile preservation should be addressed as valuable PROMs after permanent seed I(125) implant, but it is not associated with better BRFS.
Effect of Reduction Mammaplasty on Sexual Activity.
Sir E; Ucer O; Gungor M; Aksoy A; Kececi Y; Gumus B.
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[Journal Article. Observational Study]
UI: 25536202

AIM: This study aimed to evaluate the effects of reduction mammaplasty operation on sexual functions of the patients with macromastia and of their partners.

MATERIALS AND METHODS: Thirty-nine patients with macromastia and their partners were assessed for their sexual function before and 6 months after reduction mammaplasty. Sexual function of the women and their partners were evaluated using the Index of Female Sexual Function (IFSF) and the International Index of Erectile Function (IIEF), respectively. Controls (n = 33) were chosen from healthy hospital staff and their partners. Preoperative and postoperative scores were statistically compared with the controls’ scores by using Student t test. Also, preoperative and postoperative scores were compared by using paired t test.

RESULTS: The mean of age and body mass index of the women and their partners in the patient and control group were similar (P = 0.07). Before the operation, the mean of IFSF scores in the patient and control group were 22.75 (3.45) and 27.28 (5.05), respectively (P < 0.001). After the operation, the mean of IFSF scores in the patient group increased significantly to 27.67 (P < 0.001). The postoperative scores of all IFSF subscales except lubrication subscale were higher than the preoperative scores. Although there was no significant difference between preoperative and postoperative IIEF-total scores, postoperative IIEF-erectile function and IIEF-intercourse satisfaction scores were significantly reduced (P < 0.05).

CONCLUSIONS: We found that macromastia adversely affected female sexual function but reduction mammaplasty eliminated this adverse effect. We also found that the partners’ erectile function and intercourse satisfaction reduced after the operation. This reduction may be due to psychological effects.

Status
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Institution
Body issues, sexual satisfaction, and relationship status satisfaction in long-term childhood cancer survivors and healthy controls.

Lehmann V; Hagedoorn M; Gerhardt CA; Fults M; Olshefski RS; Sanderman R; Tuinman MA.

OBJECTIVE: Research on body image and sexual satisfaction after adult onset cancer has shown significant and lasting impairments regarding survivors’ sexuality and romantic relationships. However, knowledge about these topics and their associations in adult survivors of childhood cancer is largely lacking.

METHODS: Participants completed web-based questionnaires concerning body image, body dissociation, sexual satisfaction, and relationship status satisfaction (i.e., satisfaction with either being in a relationship or being single). Survivors (n=87) and controls (n=87) were matched on age and gender, with a mean age of 27 years (range: 20-40). Survivors were most often diagnosed with leukemia (46%), at an average of 16 years prior to study participation (range: 6-33 years).

RESULTS: Similar numbers of survivors and controls were single (n=24/31), in a committed relationship (n=33/23), or married (n=30/33). Survivors and controls reported comparable levels of body image, body dissociation, sexual experiences, and sexual and status satisfaction (d=0.15-0.28). Higher status satisfaction was associated with being in a relationship (compared with being single, beta=0.439), more positive body image (beta=0.196), and higher sexual satisfaction (beta=0.200).
CONCLUSIONS: Adult survivors of childhood cancer were comparable to healthy peers regarding views of their bodies and psychosexual development, which was unexpected. Independent of whether people experienced cancer or not, their status satisfaction was associated with their relationship status, body image, and sexual satisfaction. Future research should explore why sexual and body problems are identified after adult onset cancer, whereas this seems to be less of a problem in childhood cancer survivors.

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An observational retrospective evaluation of 79 young men with long-term adverse effects after use of finasteride against androgenetic alopecia.

Chiriaco G; Cauci S; Mazzon G; Trombetta C.

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Concern regarding adverse effects of finasteride is increasing. We aimed to determine the type and frequency of symptoms in men having long-term sexual and non-sexual side effects after finasteride treatment (a condition recently called post-finasteride syndrome, PFS) against androgenetic alopecia (AGA). Subjects were recruited at the Urology Unit of the Trieste University-Hospital, and from a dedicated website. Out of 79 participants, 34% were white Italians, mean age was 33.4 +/- 7.60 years, mean duration of finasteride use was 27.3 +/- 33.21 months; mean time from finasteride discontinuation was 44.1 +/- 34.20 months. Symptoms were investigated by an ad hoc 100 questions' questionnaire, and by validated Arizona Sexual Experience Scale (ASEX) and Aging Male Symptom Scale (AMS) questionnaires. By ASEX questionnaire, 40.5% of participants declared getting and keeping erection very difficult, and 3.8% never achieved; reaching orgasm was declared very difficult by 16.5%, and never achieved by 2.5%. By the ad hoc questionnaire, the most frequent sexual symptoms referred were loss of penis sensitivity (87.3%), decreased ejaculatory force (82.3%), and low penile temperature (78.5%). The most frequent non-sexual symptoms were reduced feeling of life pleasure or emotions (anhedonia) (75.9%); lack of mental concentration (72.2%), and loss of muscle tone/mass (51.9%). We contributed to inform about symptoms of PFS patients; unexpectedly loss of penis sensitivity was more frequent than severe erectile dysfunction and loss of muscle tone/mass was affecting half of the subjects. Further studies are necessary to investigate the pathophysiological and biochemical pathways leading to the post-finasteride syndrome.

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OBJECTIVE: The aim of this study was to evaluate erectile function in males undergoing coronary artery bypass graft (CABG) while on two different adrenoceptor beta-blocker regimens, namely nebivolol and metoprolol. We hypothesize that the negative effects of cardiopulmonary bypass on erectile function may be possibly attenuated by preferring a vasodilating selective beta1-blocker, nebivolol, to metoprolol as an anti-ischemic and antiarrhythmic agent in males undergoing CABG.

METHODS: This randomized, double-blind, prospective clinical study was conducted in patients scheduled for CABG surgery between February 2012 and June 2014. A total of 60 consecutive patients who met inclusion criteria were randomized and divided into the following two groups: N group, which received 5 mg of nebivolol orally for 2 weeks before surgery plus 12 weeks after surgery or M group, which received 50 mg of metoprolol orally for the same period. All patients were evaluated by the erectile function domain of the International Index of Erectile Function-5 (IIEF-5) at the time of admission (before starting the beta-blocker) and 3 months after surgery.

RESULTS: In the metoprolol group, the mean IIEF-5 score decreased significantly from a baseline of 15.2+/−5.8 to 12.9+/−5.8 (p<0.001), but in the nebivolol group, this difference was not
significant (from a baseline 12.9+/−5.5 to 12.4+/−5.5, p=0.053). In all patients, the mean IIEF-5 score decreased significantly from a baseline of 14.0+/−5.7 to 12.6+/−5.6 (p<0.001).

CONCLUSION: Although erectile function in males undergoing CABG surgery decreases when metoprolol is used, nebivolol exerts protective effects on erectile function against the disruptive effects of cardiopulmonary bypass in patients undergoing CABG.

Health conditions in people with spinal cord injury: Contemporary evidence from a population-based community survey in Switzerland.

Brinkhof MW; Al-Khodairy A; Eriks-Hoogland I; Fekete C; Hinrichs T; Hund-Georgiadis M; Meier S; Scheel-Sailer A; Schubert M; Reinhardt JD; SwiSCI Study Group.

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[Journal Article. Research Support, Non-U.S. Gov't]

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BACKGROUND: Health conditions in people with spinal cord injury are major determinants for disability, reduced well-being, and mortality. However, population-based evidence on the prevalence and treatment of health conditions in people with spinal cord injury is scarce.

OBJECTIVE: To investigate health conditions in Swiss residents with spinal cord injury, specifically to analyse their prevalence, severity, co-occurrence, and treatment.

METHODS: Cross-sectional data (n=1,549) from the community survey of the Swiss Spinal Cord Injury (SwiSCI) cohort study, including Swiss residents with spinal cord injury aged over 16 years, were analysed. Nineteen health conditions and their self-reported treatment were assessed with the spinal cord injury Secondary Conditions Scale and the Self-Administered Comorbidity Questionnaire. Prevalence and severity were compared across demographics and spinal cord injury characteristics. Co-occurrence of health conditions was examined using a binary non-metric dissimilarity measure and multi-dimensional scaling. Treatment rates were also examined.

RESULTS: Number of concurrent health conditions was high (median 7; interquartile range 4-9; most frequent: spasticity, chronic pain, sexual dysfunction). Prevalence of health conditions increased with age and was higher in non-traumatic compared with traumatic spinal cord injury. Spinal cord injury specific conditions co-occurred. Relative frequencies of treatment were low (median 44%, interquartile range 25-64%), even for significant or chronic problems.

DISCUSSION: A high prevalence of multimorbidity was found in community-dwelling persons with spinal cord injury. Treatment for some highly prevalent health conditions was infrequent.

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Changes in understanding regarding the relationship of androgens and prostate cancer have led to changes in the use of testosterone therapy. The evidence supports a finite ability of androgens to stimulate prostate cancer growth, with a maximum achieved at low testosterone concentrations, called the saturation model. The saturation point corresponds with maximal androgenic stimulation at 250 ng/dL. Evidence is reviewed herein regarding the relationship of testosterone to prostate cancer and the relatively new practice of offering testosterone therapy to men with a history of prostate cancer. Although no prospective controlled trials have been performed, results have been reassuring.

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Serum total estradiol, but not testosterone is associated with reduced bone mineral density (BMD) in HIV-infected men: a cross-sectional, observational study.

Santi D; Madeo B; Carli F; Zona S; Brigante G; Vescini F; Guaraldi G; Rochira V.

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SUMMARY: By investigating the relationship between serum testosterone, estradiol, and bone mineral density (BMD) in a large cohort of HIV-infected men, estradiol was associated with BMD, relative estrogen deficiency being involved in bone loss in men with hypogonadism, in addition to all HIV-related factors. Increased aromatization in adipose tissue does not counteract HIV-related bone loss.

INTRODUCTION: The purpose of this study is to evaluate the relationship between serum testosterone, estradiol, and BMD in a large cohort of HIV-infected men.

METHODS: We investigated biochemical, hormonal parameters, and BMD in 1204 HIV-infected men (age 45.64+/-.7.33 years) participating in a cross-sectional, observational study. Among other parameters, the main outcome measures were serum total testosterone and estradiol, gonadotropins, 25-hydroxyvitamin D [25(OH)D], parathormone (PTH), calcium, phosphorous, femoral, and lumbar BMD.

RESULTS: In men with HIV, the prevalence of osteoporosis and osteopenia is 15.1 and 63.2% with 25(OH)D insufficiency being very common (60.1%). After age adjustment, BMD is positively associated with estradiol, but not testosterone, at linear (p<0.001) and stepwise (p<0.05) multiple regression. Lumbar BMD significantly increases across the estradiol quartiles but not among testosterone quartiles. Femoral and lumbar BMD are significantly higher in men with estradiol>27 pg/mL than in those with estradiol <27 pg/mL. Apart from estradiol, only age, calcium, and BMI predict BMD at stepwise linear multiple regression, but the strength of this association is weak.

CONCLUSIONS: Estradiol, but not testosterone, is associated with BMD in HIV-infected men and exerts a protective role on bone especially when it is above 27 pg/mL. Relative estrogen deficiency is a potential mechanism involved in bone loss in hypogonadal HIV-infected men, in addition to all HIV-related factors. Increased aromatization in adipose tissue does not counteract HIV-related bone loss. Finally, reduced BMD in young-to-middle-aged HIV-infected men might be considered a peculiar hallmark of HIV infection due to its relevant prevalence, representing one of the several pieces composing the complicated puzzle of premature aging related to HIV infection.

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Topical treatment for acute phase Peyronie's disease utilizing a new gel, H-100: a randomized, prospective, placebo-controlled pilot study.
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Safety and efficacy of topically applied gel H-100 composed of Nicardipine, superoxide dismutase and emu oil for treatment of acute phase Peyronie's disease (PD) was evaluated. Twenty-two patients (PD <12 months duration) were studied in a prospective, randomized, double-blind, placebo-controlled study. Eleven patients received H-100 and 11 patients received placebo for 3 months. All 22 patients then received H-100 for the final 3 months. Flaccid-stretched penile length, degree of penile curvature, pain level and side effects were assessed monthly. H-100 showed significant improvement in all PD parameters at 6 months: mean stretched penile length increase (22.6%, P=0.0002), mean curvature reduction (40.8%, P=0.0014), and mean pain level reduction (85.7%, P=0.004). Placebo group showed no significant improvement except for mean stretched penile length increase (6.8%, P=0.009). Crossover patients from placebo to H-100 showed significant improvement in all parameters: mean stretched penile length increase (17.5%, P=0.000007), mean curvature reduction (37.1%, P=0.006), and mean pain level reduction (40%, P=0.17). Treatment was well tolerated. A self-limited rash was the only side effect in three patients. Statistically significant improvements in flaccid-stretched penile length, curvature and pain suggest that H-100 is a safe and possibly effective non-invasive, topically applied treatment for acute phase Peyronie's Disease.
McCune-Albright syndrome, natural history and multidisciplinary management in a series of 14 pediatric cases.

Agopiantz M; Journeau P; Lebon-Labich B; Sorlin A; Cuny T; Weryha G; Leheup B.

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[Journal Article]
UI: 26850292

BACKGROUND: McCune-Albright syndrome is a rare disorder characterized by endocrine disorders, cafe-au-lait spots and fibrous dysplasia of bone that occurs early in life.

METHODS: A series of 14 pediatric cases were followed between 1994 and 2013 by the competence center for rare endocrine diseases and constitutional bone diseases at CHU de Nancy (France). The diagnosis is based on the presence of at least two symptoms.

RESULTS: The mean follow-up was 6 years (1-17 years). The sex ratio was six girls per boy. The incidence was 0.28 cases/million population/year. Mean age at diagnosis was 6 years. A mutation in the GNAS gene was found in 33% of patients tested. Gonadal involvement (13/14 cases), including early peripheral puberty and ovarian cysts in girls (82%) occurred on average at 4 years of age. Bone involvement (10/14 cases) appeared on average at 5 years of age and was most often multiple (80%) with fracture risk, and the skull, with a neurosensory risk.

CONCLUSION: Clinical definition and methods of screening and monitoring can be improved to allow for an earlier intervention. It must be multidisciplinary and take into account the disability and quality of life of the patient.

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Electronic address: m.agopiantz@chu-nancy.fr. Journeau, Pierre. University of Lorraine, Department of Pediatric Orthopedics Surgery, Competence Medical Center for constitutional bone diseases, CHU de Nancy, rue du Morvan, 54500 Vandoeuvre-les-Nancy, France.
The efficacy of udenafil in end-stage renal disease patients undergoing hemodialysis.

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[Journal Article]

UI: 26727286

INTRODUCTION: Erectile dysfunction (ED) is frequently observed in end-stage renal disease (ESRD) patients on hemodialysis (HD) compared to non-uremic patients. This situation causes severe psychogenic problems in patients and disrupts the quality of life. Different phosphodiesterase type 5 (PDE-5) inhibitors have been used, and efficacies revealed, for the treatment of ED in HD patients; however, there are no studies related to udenafil use or results
for HD patients. This study retrospectively evaluated the efficacy and reliability of udenafil for HD patients.

MATERIALS AND METHODS: The laboratory findings, side effects after treatment, and International Index of Erectile Function (IIEF) scores before and after treatment were compared and evaluated for HD patients who applied to our urology clinic with ED complaints and were treated with udenafil.

RESULTS: The results showed that in the HD patient group with ED, apart from ED, there were severe rates of other sexual dysfunction. In our patient group, there was a statistically significant improvement in all scores for erectile function (p=0.033), orgasmic function (p<0.001), sexual desire (p<0.001), relationship satisfaction (p<0.001), and general satisfaction (p<0.001) after treatment. The reported side effects were headache in one patient and dyspepsia in one patient.

CONCLUSION: We concluded that udenafil is an effective and reliable treatment approach for HD patients; however, our results require support from prospective randomized crossover studies with sildenafil.
How to define hypogonadism? Results from a population of men consulting for sexual dysfunction.

Rastrelli G; Corona G; Tarocchi M; Mannucci E; Maggi M.

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PURPOSE: The thresholds for testosterone (T) and the symptoms required for defining late onset hypogonadism (LOH) are under debate. The aims of the study are: (1) to verify the association between total and calculated free T (cfT) and sexual symptoms and (2) to identify thresholds for total and calculated free T to discriminate symptomatic from asymptomatic men.

METHODS: A consecutive series of 4890 men attending the outpatient clinic for sexual dysfunction was retrospectively studied. Biochemical parameters were collected. The relationships between symptoms and total or calculated free T were evaluated as LOESS curves.

RESULTS: Severe impairment in morning erections, low libido and ED were reported by 14.6, 2.7 and 60.2 %, respectively. Simultaneous presence of severe ED and impaired morning erections or low desire was reported by 12.7 and 1.9 %, respectively. Severely reduced desire and morning erections were complained of by 1.0 %. The simultaneous presence of the three severe sexual symptoms was reported by 0.8 %. Receiver operating characteristic (ROC) curve analysis showed that the highest accuracy for total T and cfT in detecting subjects with two symptoms was observed for reduced morning erections and desire (area under the ROC curve [AUC] = 0.670 +/- 0.04 and 0.747 +/- 0.04, for total T and cfT, respectively, both p < 0.0001). The addition of the third symptom, ED, further improved the accuracy (AUC = 0.681 +/- 0.05 and 0.784 +/- 0.04, for total T and cfT, respectively, both p < 0.0001). The assessment of the Youden index showed that the best thresholds for detecting men with androgen deficiency-related symptoms are 10.4 nmol/L for total T and ranges 225-260 pmol/L for cfT.

CONCLUSIONS: The simultaneous presence of reduced morning erections and desire is the cluster of symptoms that, along with total T < 10.4 nmol/L or cfT <225 pmol/L, defines LOH in a specific, evidence-based manner.
Klinefelter syndrome has increased brain responses to auditory stimuli and motor output, but not to visual stimuli or Stroop adaptation.

Wallentin M; Skakkebaek A; Bojesen A; Fedder J; Laurberg P; Ostergaard JR; Hertz JM; Pedersen AD; Gravholt CH.

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Klinefelter syndrome (47, XXY) (KS) is a genetic syndrome characterized by the presence of an extra X chromosome and low level of testosterone, resulting in a number of neurocognitive...
abnormalities, yet little is known about brain function. This study investigated the fMRI-BOLD response from KS relative to a group of Controls to basic motor, perceptual, executive and adaptation tasks. Participants (N: KS = 49; Controls = 49) responded to whether the words "GREEN" or "RED" were displayed in green or red (incongruent versus congruent colors). One of the colors was presented three times as often as the other, making it possible to study both congruency and adaptation effects independently. Auditory stimuli saying "GREEN" or "RED" had the same distribution, making it possible to study effects of perceptual modality as well as Frequency effects across modalities. We found that KS had an increased response to motor output in primary motor cortex and an increased response to auditory stimuli in auditory cortices, but no difference in primary visual cortices. KS displayed a diminished response to written visual stimuli in secondary visual regions near the Visual Word Form Area, consistent with the widespread dyslexia in the group. No neural differences were found in inhibitory control (Stroop) or in adaptation to differences in stimulus frequencies. Across groups we found a strong positive correlation between age and BOLD response in the brain's motor network with no difference between groups. No effects of testosterone level or brain volume were found. In sum, the present findings suggest that auditory and motor systems in KS are selectively affected, perhaps as a compensatory strategy, and that this is not a systemic effect as it is not seen in the visual system.

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Sexualized behaviors in cohorts of children in the child welfare system.

Grossi LM; Lee AF; Schuler A; Ryan JL; Prentky RA.

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The current retrospective archival study investigated the patterns of normative sexualized behavior (NSB), problematic sexualized behavior (PSB), and sexual perpetration for three age cohorts of boys and girls in a high-risk child welfare sample. All children in the present sample had exhibited some form of PSB in the past. We hypothesized that the incidence rates (IR) of NSBs would increase linearly from the early childhood cohort (Ages 2/3-7) to the middle childhood cohort (Ages 8-11) to the preadolescence/adolescence cohort (Ages 12-17), for girls and boys. Although the base rate of sexual behaviors generally increases as children age, children tend to hide sexual behaviors starting at an early age. We therefore hypothesized that a concave quadratic trend would be evident for most PSBs. We further predicted that older children would have a greater incidence of PSB, as well as more victims, compared with younger children. We found the predicted upward linear trend for NSB for both girls and boys, with minimal IR
differences between the early childhood and middle childhood cohorts. IRs were remarkably high and comparable across age groups for both boys and girls, with respect to the same three PSBs. For the two perpetration history variables, there was a concave effect, with girls and boys in the middle childhood cohort exhibiting the lowest IR. Results are explained in the context of previously established patterns of sexualized behavior, as well as the reporting of such behaviors.

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Disability and the Context of Boys’ First Sexual Intercourse.
Shandra CL; Shameem M; Ghorı SJ.
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[Journal Article]
PURPOSE: The context in which first sexual intercourse takes place has lasting implications for subsequent sexual behavior. This study examines how adolescent disability associates with boys' age of sexual debut, relationship at first sexual intercourse, degree of discussion about birth control before first sexual intercourse, and contraceptive use at first sexual intercourse.

METHODS: Data were used from the National Longitudinal Survey of Youth 1997, a nationally representative survey collected annually in the United States. Multinomial logistic regression of a base sample of 2,737 boys examines the likelihood of (1) sexual debut at ages 12-14, 15-17, or >18 years; (2) first intercourse with a stranger, casual acquaintance, dating partner, in a committed relationship, or in an undefined relationship; (3) level of discussion about birth control; (4) contraception; and (5) condom use among those who contracept.

RESULTS: Compared to boys without disability, those with learning or emotional conditions are more likely-and those with sensory conditions are less likely-to report very early sexual debut. Boys with chronic illness are both more likely to have sex in a committed relationship and in an undefined relationship and also more likely to contracept at first intercourse. Boys with learning or emotional conditions are more likely to discuss birth control but less likely to use condoms if they do contracept.

CONCLUSIONS: Boys with and without disabilities-and boys with different types of disabilities-vary significantly in multiple aspects of their first sexual experiences. It is pertinent that sexual health interventions are tailored to address this diversity.
Trabecular bone score as a skeletal fragility index in acromegaly patients.
Hong AR; Kim JH; Kim SW; Kim SY; Shin CS.
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[Evaluation Studies. Journal Article]
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SUMMARY: Lumbar spine trabecular bone score (TBS) was significantly decreased in active acromegaly patients. TBS may be useful to assess the skeletal fragility in acromegaly in which bone mineral density (BMD) is not sufficient to represent bone strength and explain the high incidence of fragility fractures in acromegaly patients.
INTRODUCTION: Although the data on BMD are controversial, patients with acromegaly have an increased risk of fragility fracture. We examined the lumbar spine TBS to explain the skeletal deterioration in acromegaly patients.
METHODS: We included 14 men and 19 women acromegaly patients who underwent dual-energy X-ray absorptiometry at the time of diagnosis from 2000 to 2014 at Seoul National University Hospital. Ninety-nine age-, sex- and body mass index-matched controls were recruited. Biochemical parameters, lumbar spine TBS, and BMD at all sites were measured. Gonadal status was evaluated at diagnosis.
RESULTS: Lumbar spine TBS was lower in acromegaly patients than in controls in both genders (1.345+/-.0.121 vs. 1.427+/-.0.087, P=0.005 in men; 1.356+/-.0.082 vs. 1.431+/-.0.071, P=0.001 in women). In contrast, BMD at all sites did not differ between the two groups. Hypogonadal acromegaly patients (men, n=9; women, n=12) had lower TBS values compared with controls both in men and women (all P<0.05), although BMD at all sites were similar for the two groups. In eugonadal acromegaly patients, lumbar spine TBS was lower than in women controls only (P=0.041).
CONCLUSIONS: Skeletal microarchitecture was deteriorated in acromegaly patients as assessed by TBS, which seems to be a consequence of growth hormone excess as well as hypogonadism, especially in women.
Acute endothelial response to testosterone gel administration in men with severe hypogonadism and its relationship to androgen receptor polymorphism: a pilot study.

Francomano D; Fattorini G; Gianfrilli D; Paoli D; Sgro P; Radicioni A; Romanelli F; Di Luigi L; Gandini L; Lenzi A; Aversa A.

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[Journal Article. Randomized Controlled Trial]

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PURPOSE: Testosterone (T) exerts different effects on the cardiovascular system. Despite this knowledge, the acute vascular effect of androgen remains still poorly understood.

METHODS: We investigated the acute effects of T on vascular function in ten men (18-40 years age) with hypogonadism and severe hypotestosteronemia [serum total testosterone (TT) = 0.6 +/- 0.3 ng/mL]. In a 4-day double-blind, randomized, placebo-controlled crossover study, we
administered 80 mg daily dose of transdermal-T gel (TG) and evaluated endothelial variations with Endopat2000 (reactive hyperemia index, RHI and the augmentation index, AI); also, CAG repeat polymorphism in exon 1 of the androgen receptor gene was investigated.

RESULTS: After TG administration, RHI significantly improved at 4 h (p < 0.05), while AI improvement was recorded at 4 and 96 h, also when adjusted for heart rate (Al@75; p < 0.01 and p < 0.001, respectively). Direct relationships between DELTAT, DELTADHT and DELTARHI variations (r = 0.37, p < 0.01; r = 0.17, p < 0.05, respectively) as well as between "CAG repeats" length and DELTALnRHI at 96 h (p < 0.03, r (2) = 0.47) were found. An inverse relationship between DELTAT and DELTAI (p < 0.01, r = -0.35) and DELTAI@75 (p < 0.01, r = -0.38) were found.

CONCLUSION: Administration of TG causes an acute vasodilation and improves arterial stiffness probably due to non-genomic actions of T. Endothelial vasodilatory response was more pronounced depending on higher plasma TT and DHT levels attained. Clinical implications in elderly frail populations are discussed.

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