EDITS-female. Of the sample, 94.7% of men had satisfactory treatment, significantly higher than 62.5% of the female partner. Patients with satisfactory treatment had a significantly younger age, younger partner’s age, higher SHIM score, and higher EHS. The woman’s satisfaction was not associated with the variables. Of the 104 couples, 59.6% both sex were satisfied, 35.6% only men and 2.9% only females were satisfied with the treatment.

Conclusions: Our study indicated that in men treated with PDE-5 inhibitors, the change of EHS correlated positively with SHIM scores and men’s satisfaction to treatment. Partner’s satisfaction in ED treatment could not compare with men’s and there was no factor to predict their response.

07
EFFECTS OF CHRONIC ORAL CONSUMPTION OF SILDENAFIL CITRATE ON HORMONAL LEVELS AND TESTICULAR FUNCTION IN ADULT MALE RAT
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Objective: Nitric oxide (NO) has an important role in male reproductive system as a neurotransmitter, which causes vasodilatation due to elevation of intracellular cyclic guanosine monophosphate (cGMP) in smooth muscle tissue. Phosphodiesterase enzymes (PDE) degrade cGMP in the human tissues. PDE inhibitors, such as sildenafil citrate (SC), enhance effects of NO leading to vasodilatation. In this study, we investigated whether chronic oral consumption of SC modifies testicular function via chronic vasodilatation which provides more blood perfusion to the testis. This is the first study that has evaluated the chronic effects of PDE inhibitors on testicular function. Both aspects of testicular function, spermatogenesis and androgenesis, are time-consuming processes, and therefore, we believed that a long-term study was necessary. If SC improves either of these aspects, it will be considered to be useful in the medical therapy of male infertility or hypogonadism.

Materials & Methods: This experimental study utilized two groups of adult male rats with same weights and ages, the experimental and control groups, which included 18 and 11 animals, respectively. We could not do this study in men because of the usual side effects of chronic consumption of SC. SC was dissolved in the drinking water, daily, for the experimental group (10/mg/kg/day). After 75 days of drug intervention, we harvested the right caudal epididymis of both animal groups for the collection and study of seminal fluid. Blood samples were collected from the heart to measure plasma total testosterone level.

Results: The differences between the two groups in sperm parameters (count, motility and abnormal forms) were not statistically significant, but the mean testosterone level in the experimental group was visibly higher than the control group (P < 0.05).

Conclusion: Our findings indicate that chronic sildenafil treatment does not alter spermatogenesis but improves endocrine testicular function and increases the testosterone secretion.

08
HEALTH CARE UTILIZATION IN MEN WITH ERECTILE DYSFUNCTION: RESULTS OF THE SUBANG AGING MALE (SAM) STUDY
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Objective: To determine the pattern of health care utilization in men with erectile dysfunction (ED).

Material & Methods: We conducted a community-based cross sectional study on men aged >40 years living in the Klang Valley, Malaysia. A total of 1007 men participated. They completed a set of questionnaires that included data for socio-demography, health care utilization, and the International Index of Erectile Function-5 (IIEF-5). ED was defined as moderate and severe ED (IIEF score ≤ 16).

Results: Analysis was done on 735 (73.0%) men who had sexual activity for the past 4 weeks where 175 (23.2%) had moderate to severe ED (17.2% moderate, 4.0% moderate to severe, 2.0% severe). There were 55.2% Chinese, 23.9% Malay, 18.3% Indian, 2.5% others; mean age was 55.1 ± 7.4 years. Among the ED group, 26.9% self reported ED. Comparing ED and non-ED groups, more ED men sought emergency or hospital treatment at government sector (48.6% vs 32.8%, p < 0.001), were taking PDE5 inhibitors (8.6% vs 2.9%, p = 0.001), consulted a nurse (19.7% vs 28.7%, p = 0.006) or pharmacist (54.3% vs 43.5%, p = 0.012) or traditional practitioner (46.6% vs 35.1%, p = 0.007) in the last 12 months. No difference was seen between the 2 groups in seeking help from doctors, hospital admission, or had medical check in the last year. Using the Mann-Whitney test, ED men spent more money on medical equipment (p = 0.003) but less on health screening (p = 0.005) than non ED men, but no difference was seen in expenditure on medical illness and health supplements.

Conclusion: Many men with ED were not treated and they were spending less on health promotion than non-ED men.