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Results: A total of 148 men were still using PDE5-i (45.3%). 87.2% of these men are committed and 91.2% has a regular sexual partner. 10.8% prostate cancer; 12.5% are taking antidepressants. In this sample of 148 men, 79.9% referred secondary effects. 73.6% do not use the inhibitor in every single sexual intercourse. A content analysis revealed several determinant factors for taking/not taking the inhibitor:

- (1) momentary support to ensure self-confidence;
- (2) diverse emotional conditions;
- (3) level of stress;
- (4) Unwillingness to accept drug-dependent erection;
- (5) concerns and fears of taking a drug;
- (6) interpersonal related;
- (7) unpleasant side effects.

Discussion: A great majority of men are not using the inhibitor in every single sexual intercourse. Diverse variables determine different patterns of use. Taking or not taking the inhibitor depends on a diversity of factors, mainly psychological, interpersonal, and related to the inhibitor.

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THE FAILURE OF A SUCCESSFUL MAN (CLINICAL CASE)

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Objective: Realignment/redefinition of the sexual problem of a male patient (not consummated marriage because of erectile dysfunction) on the couple dynamic.

Meaning of the sexual problem on the individual life of the patient.

Design and method:

Male patient, age 27, academic degree, with highly successful professional track record, and living with his girlfriend for 4 years (not consummated marriage), to whom the following interventions were done:

- Psychological assessment:
 - Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
 - Self-esteem and relationship questionnaire (SEAR)
 - International Index of Erectile Function (IIEF)
- Sexual Therapy
- Couple Therapy

Results: The patient had narcissist personality traces and rigid global functioning pattern, which was alleviating along the Psychotherapy cycle.

We proceeded with a realignment of the sexual complaint on a systemic dysfunctional dynamic (couple), with positive evolution.

The marriage was finally consummated.

Conclusions: On this situation of not consummated marriage, a sexual therapy aimed to the treatment of the erectile dysfunction was not sufficient. The initial complaint may be understood as a defence mechanism on a wider dysfunctional context, including the couple dynamics and the fear of intimacy.

This case is a good example of the complexity that involves human sexuality.

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TRAINING AS A SEXOLOGIST IN SPAIN

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Sexology in Spain is not a university degree. The societies of Federación Española de Sociedades de Sexología -Spanish Federation of Sexology Societies- (FESS) are the ones which carry out more masters

and training courses together with several Spanish universities, though their curricula are not unified; they are mainly addressed to psychologists and doctors. FESS validate their courses, which guarantees quality and good praxis.

Other sexology institutions also organize postgrade courses but they do not unify the specific criteria of the professionals, they just include this training within the limits of Health Knowledge for students whose degrees are related to Health Sciences.

The new Law of Sexual Health and Reproductive Health and Voluntary Interruption of Pregnancy (2010) warrants, for the first time, the effective use of sexuality and the promotion of sexual health, and the right of women to decide about their motherhood. Such sexual training tries to get to as many people as possible and it wants to:

- Promote a responsible sexual behaviour by educating people to prevent sexual discrimination.
- Remove prejudices related to sexuality and minorities to know and respect sexual identities and different sexual behaviours.

Our challenge is getting that sexual health is fully integrated in our National Health Service, as well as being taught at schools and universities, which will help specialists improve their research in this area. These aims would be more easily reached by creating an official title of sexologist, which would make easier the attainment of an Official College of Sexologists.

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COGNITIVE DISTRACTION, EROTIC THOUGHTS AND ORGASM IN WOMEN

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Introduction: Distraction or interference in the cognitive processing of erotic stimulus plays an important role in the development of sexual dysfunctions or difficulties (Geer & Fuhr, 1976).

Aim: The aim of this study was to evaluate cognitive distraction and negative automatic thoughts presented during sexual activity and its impact on female orgasm.

Methods: A total of 191 women from the general population answered to a set of questionnaires assessing orgasm function, automatic thoughts during sexual activity and cognitive distraction.

Main outcome measures: Orgasm was measured by the respective domain of the Female Sexual Function Index (FSFI, Rosen et al., 2000), automatic thoughts were measured by the Sexual Modes Questionnaire (Nobre & Pinto-Gouveia, 2003), and cognitive distraction was measured by the Cognitive Distraction Scale (Dove & Weideman, 2000).

Results: Findings indicated that lack of erotic thoughts during sexual activity was the best predictor of women's sexual difficulties. Sexual abuse thoughts, failure and disengagement thoughts, partner's lack of affection, sexual passivity and control, and lack of erotic thoughts were significantly higher in women with orgasm difficulties compared to sexually healthy women.

Conclusions: Overall, the results showed that cognitive distraction from erotic thoughts is strongly associated with orgasmic difficulties suggesting the importance of treatment techniques aimed at focusing attention on sexual cues.

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FROM THE MEDICAL SEXOLOGY TO SEXOLOGICAL MEDICINE (PROSPECTS OF THE DEVELOPMENT OF SEXOLOGICAL CARE IN RUSSIA)

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Since the 1970ies there exists in Russia a separate medical specialty—medical sexology and the profession of medical sexologist. Medical