Male Sexual Dysfunction:
Diagnosis and Treatment From a Sexological and Interdisciplinary Perspective
by Dr. med. Dirk Rösing, Prof. Dr. med. Klaus-Jürgen Klebingat, Dr. med. Hermann J. Berberich, Prof. Dr. med. Hartmut A. G. Bosinski, em. Prof. Dr. med. Kurt Loewit, Prof. Dr. med. Dr. phil. Klaus M. Beier in volume 50/2009

Association With Sleep Apnea
Obstructive sleep apnea in adults is an additional factor for erectile dysfunction that the authors did not include in their review article. An association between the two conditions was suspected (1) as early as in 1981.

If breathing problems arise during the night, erectile dysfunction affects 44% with an apnea index of 5/hour (the apnea index measures the number of episodes without breathing per hour’s sleep), 27.9% if the index is 5–10/hour, and 19.6% if the index is more than 15/hour—as shown by a study including 1025 persons. Hypoxia, which occurs often intermittently with sleep apnea, and the ensuing reduction in NO synthase are likely to be important causes of erectile dysfunction (3). In a proportion of patients who receive the usual treatment for sleep apnea—continuous positive airway pressure at night—their erectile dysfunction improves too.

REFERENCES

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Sexual Culture
The authors’ interdisciplinary approach and their challenge to consider the different types of sexual disturbances from a biopsychosocial perspective are very welcome. Unfortunately, the importance of the physical examination is neglected.; Peyronie’s disease is not even mentioned as a pathology (1). Other examples of pathologies that may affect a man’s sex life (2) include algopareunia subsequent to scarring, adhesions, inflammations/infections, or trophic disorders in the genital area, or the effects of circumcisions performed for different (e.g. medical, cultural oder religious) reasons.

The authors have missed an opportunity to mention the cultural influences of migrants. Currently, some 7 million foreigners permanently reside in Ger-
function in men in Islamic countries? An interesting question to consider would be whether polygamy may result in better sexual functioning in men (1)—not least because this would offer advantages in terms of evolutionary genetics.

The authors focus on the Western model of monogamous, heterosexual relationships. It remains unclear what “love” has to do with male—perhaps as opposed to female—sexual function. What about men who are not in a stable relationship? If we assume that virility as a cultural attribute of the male sex is a social construct that is subject to processes of social change (2) then it would perhaps seem logical to also assume that male sexuality does not correspond to postmodern ideas of virility. This may be a possible cause of sexual dysfunction in men that requires not so much couples therapy but rather a firm distancing from clichéd gender typologies. No mention was made of attempting sex with a different partner—perhaps even as an “ex juvantibus” therapeutic approach to certain types of sexual dysfunction. The authors paid only marginal attention to new alternatives that may provide a different experience of sexuality—or, in some men, exclusively enable them to experience sex—such as cybersex. Eroticism and its importance for healthy sexual functioning was another topic that was barely discussed. The secret of couples who have enjoyed exciting sexual lives for many years—which is unlikely without healthy sexual functioning in the male partner—seems to be that they are focused on each other and and bound to each other via what might be called mildly perverse consensual staged event (3).

In Reply:
We thank your correspondents for their constructive feedback, which shows the importance, as well as the multiple aspects, of the topic of male sexual dysfunction. It was important to us to explain this complexity and to show the associations between biology, psychology, and sociocultural situations. However, it was clear...