

An advisory service for men's sexual concerns

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The authors investigate the prevalence of different types of sexual problems experienced by men who contacted an advisory service.

Sexual dysfunction is frequently of great concern among men. The true prevalence of sexual problems is not well known in the UK because they are under-reported by the men and women who suffer from them. For those who seek help from their physician, there is often little in the form of unbiased services that they can be offered, such as sexual health counselling, or an advisory service that deals specifically with sexual dysfunction. Sexual health campaigns have tried to satisfy the need for GPs to become aware of the possibility of a sexual problem when patients present, and to be trained on how to manage this, but many family doctors are still uncomfortable in dealing with sexual problems.

TELEPHONE AND INTERNET HELPLINES

Over recent years an increasing number of telephone and internet helplines have been set up for the purpose of providing first-hand advice to people who have concerns regarding their sexual health. A number of qualitative and quantitative studies have been or are being carried out to gauge the epidemiology of sexual problems such as erectile dysfunction and premature ejaculation in men, and anorgasmia and low sex drive in women.

The Sexual Advice Association is a charity that depends on financial donations. Originally set



up as the Impotence Association in 1995, it is a telephone and e-mail helpline that offers personal, individual advice to people with a range of sexual health concerns (Box 1). It is an open site, and as such receives enquiries from around the world.

When patients contact the Sexual Advice Association by e-mail or telephone, a chartered psychologist provides initial advice. Any more complicated concerns are forwarded to a panel of healthcare professionals with expertise in men's and women's sexual health. Consequently, the advice given is tailored to the individual's personal needs.

ANALYSIS OF MEN'S SEXUAL HEALTH PROBLEMS

A recent study analysed the data on men's sexual health concerns gathered from the

helpline from 2009 to 2010.¹ The purpose of the study was to investigate the prevalence of different types of sexual problems among men who contacted the service by e-mail only. The data from the e-mails were collated and the types of sexual problems, as well as demographics such as age and country of origin, were analysed.

The most common concern was erectile dysfunction, with more than half the men citing difficulty achieving and/or

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maintaining an erection. The age of presentation was identified as being a significant factor, with older men more likely to report symptoms. Erectile dysfunction has been identified as a factor for male health in several studies and the reconnection between age and the prevalence of erectile dysfunction shows complex inter-relationships with other comorbid conditions that are prevalent in the older population.

Premature ejaculation was a significantly greater problem among younger men, who were also more likely to report concerns regarding the frequency of their masturbation. A small but significant number of older men who reported erectile dysfunction also noticed a loss in sex drive, implying a possible causal relationship.

A small number of e-mails received by the helpline over the study period were from partners asking for advice about sexual dysfunction on their male partners' behalf. However, the men did not contact the helpline themselves, in spite of urging from their partners. This interesting trend highlights the fact that many men do not like to ask their doctors for help regarding sexual concerns, usually out of embarrassment, and often do not confide in their partners either. Many men who contacted the helpline themselves had not sought help before, and the e-mail helpline was their first contact with a healthcare professional. Callers to the helpline were for the most part young men who had not previously spoken to anyone else about their problems. The anonymity of the e-mail helpline provided a convenient way to address potentially embarrassing concerns.

CULTURAL FACTORS AFFECTING SEXUAL PROBLEMS

The helpline received a substantial number (roughly a quarter) of e-mails from outside the UK. Enquiries came from 20 different countries from as far afield as Saudi

BOX 1. Sexual Advice Association helpline

E-MAIL

info@sexualadviceassociation.co.uk

TELEPHONE

0207 486 7262

Arabia, Afghanistan, Zimbabwe, Bulgaria and Australia. However, most of these were from countries in the Asian subcontinent, namely India, Pakistan and Bangladesh. An added difficulty with these international e-mails concerned communication, because many of the men had a poor grasp of the English language; sometimes several e-mails were required to clarify the history. Erectile dysfunction and premature ejaculation were the most common issues reported by these contacts.

Interestingly, there was a significant difference between men from the UK and those from outside the UK in the prevalence of sexual concerns. Erectile dysfunction and a loss of sex drive were more commonly reported by men from the UK, whereas premature ejaculation was the most prevalent concern among those from other countries. These findings suggest that the aetiology of sexual problems such as premature ejaculation has a strong association with country of origin, confirming a recent finding in a British clinic pointing to a cultural influence on such issues.²

About one-eighth of younger men had concerns surrounding masturbation and the appearance of their genitals. Once more, ethnicity was a significant factor with the reporting of these types of concerns, with men more likely to be from outside the UK, in particular from the Indian subcontinent. Interestingly, some of the men from outside the UK experienced sexual problems linked to their social context. As an example, a number of those who had reported anxiety with premature ejaculation were in, or soon to be in, arranged marriages. This

highlights psychological factors that may be influencing their outcome, such as anxious first sexual experiences, previous sexual intercourse outside marriage, religion and pressure from family.

MANAGEMENT ADVICE

Once a full history had been obtained, the patients received advice on the management of their problems. This included suggesting they asked their doctor for a prescription for new medication such as a phosphodiesterase-5 (PDE5) inhibitor, different techniques for counteracting their problems, such as Kegel's exercises and counselling for premature ejaculation, and in many cases reassurance where patients were overly anxious. Most were advised to get a medical check by their doctor for a blood count, and blood tests for thyroid, cholesterol, blood sugar and testosterone, as well as an up-to-date blood pressure measurement. It was suggested to some men that they should see a urologist or a psychosexual therapist.

Some men had specific clinical symptoms that suggested they might have late-onset hypogonadism or testosterone-deficiency syndrome. Examples of such cases were loss of sex drive in an older man or the failure of a PDE5 inhibitor to improve difficulties. This was more evident in the older age groups, where several of these men reported other chronic diseases such as the metabolic syndrome, diabetes or heart disease, which are known to be comorbid conditions for symptoms such as erectile dysfunction. Studies have shown that erectile dysfunction is associated with both diabetes and atherosclerosis in particular. In the case of atherosclerosis, the early recognition of these clinical conditions is important to allow treatment and so reduce cardiovascular risk.³

Vigilance with regards to testosterone levels in cases of sexual dysfunction has been shown to be important now that it has been realised that a fall in testosterone and development of erectile dysfunction

leads to significant morbidity. All men who experience erectile dysfunction should therefore have their testosterone levels tested. Testosterone replacement can improve glycaemic control, lower insulin resistance, and decrease waist circumference in hypogonadal men with type 2 diabetes and cardiac ischaemia in angina. Although the precise role of testosterone in these conditions requires further investigation, the identification of hypogonadism by itself needs to be treated. Larger studies are underway to investigate the additional potential benefits of testosterone therapy in men with diabetes and metabolic syndrome.

FEEDBACK FROM E-MAIL HELPLINE USERS

One of the advantages of the e-mail helpline was the written record of correspondence between men who contacted the helpline and the administrator or physicians who

provided the health advice. Throughout the period that the data were collected, a log was kept of the responses to advice given by the administrator or physician. These included patients thanking the physician after receiving advice or on successfully overcoming their problem. Interestingly, younger men were more likely to provide feedback and reply to advice provided by the helpline. Reasons for this might be better internet agility and vigilance by the younger generation. It might also be a result of the added anonymity and privacy provided by an e-mail, compared with a telephone, which allows young men to put their concerns in writing.

CONCLUSIONS

The study brought to light the widespread concerns of men regarding their sexual health. The helpline has developed into an advisory service, where feedback is given after a more comprehensive history has

been obtained from the concerned person. Such e-mail advice and counselling is an increasingly important and effective resource for men, which they are able to use freely when they are apprehensive about speaking to their own doctors.

Declaration of interests: none declared.

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