

# 4 Medical stress factors for male sexuality

## 4.1 Organic prerequisites of male sexuality

*Prof. Dr. med. habil. Theodor Klotz, MPH*

Chief Physician of the Clinic for Urology, Andrology and Urology for Children, Weiden

For a consideration of male sexuality, a knowledge of anatomy and physiology is indispensable. The anatomy of the penis and the physiology of erection are complex, but well understood meanwhile. The occurrence of an erection is primarily a vascular »high performance operation«, which is dependent on an intact neural and cellular communication.

Again, the most part these processes are well understood and can be influenced directly – as shown by the use of PDE5 inhibitors. Those have an effect of facilitating the erection via a defined physiological enzymatic mechanism. However, the regulatory mechanisms for a smooth muscle relaxation have to be basically intact. This explains why a chronic injury of the smooth muscle and/or a harmed neural control of the cavernous lead to erectile dysfunction difficult to treat. (see section 4.3).

Coitus itself is subject to a wide variability and follows different phases. Depending on the decades of life and the duration of a partnership the frequency of intercourse fluctuates (Table 9). The frequency and duration of intercourse is usually overestimated by far.

**Table 9: Average frequency of co-mating depending on the age of a man with a stable partner relationship. Source: Klotz T. *Erectile Dysfunction – A Guide to Practice*. Counselor. Bremen: Uni-Med Publishing; 2005.**

Age	Frequency
20–25 year old men	2–4x weekly
26–35 year old men	1–2x weekly
36–45 year old men	2–6x monthly
46–55 year old men	2–4x monthly
>56 year old men	2–3x monthly, with approximately 25% no longer carry out any sexual intercourse at all

## 4.2 Male sexuality and hormones

*Priv.-Doz. Dr. med. Michael J. Mathers,*

Urologist at PandaMED Remscheid, cooperative practice at the University of Witten/Herdecke

*cand. med. Carl-Philipp Meyer*

University of Witten/Herdecke, Faculty of Health, Department of Human Medicine

Male sexuality and hormones can influence each other, but an individual lifestyle can affect both. Nutrition, physical activity, (occupational)-stress, alcohol and nicotine consumption but also noxious substances (e. g. medical drugs) are to be mentioned as the decisive factors that influence sexuality and hormones – both positive and negative. In an informed society these individually modifiable factors should be known, so every man has the opportunity to influence his circumstances.

Persistent stress often leads to sequelae that can develop from re-occurring mental disorders. In a study, effects of psychosocial stress on sex hormones (cortisol and testosterone) on men and women were investigated. It was found that women are more vulnerable to psychosocial stress than men. One reason for this could be testosterone.

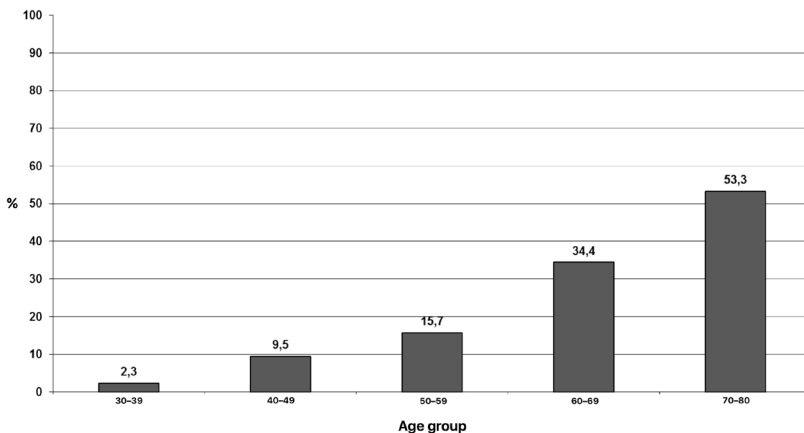
The article gives an overview of relationships of male sexuality and hormones taking a selective literature search into account, which took place in December 2015 in PubMed without a retrospective time limit.

### 4.3 Erectile Dysfunction and Premature Ejaculation

*Prof. Dr. med. Theodor Klotz, MPH*

Chief Physician of the Clinic for Urology, Andrology and Urology for Children, Weiden

Erectile dysfunction (ED) and premature ejaculation (EP = premature ejaculation) is the most common male sexual dysfunction. Over the last 15 years fundamental understanding of both disorders has been reached, so that currently a broad knowledge base exists. The therapy is based on guidelines with a high success rate. The ED is primarily a degenerative disease with an age-dependent overall prevalence of about 20% in the age group 30–70 years. Furthermore, ED can be affected by external influences, inter alia by psychological factors. The psychological strain for the patients differs strongly and depends on the individual situation of the person concerned as well as of his partnership. Approximately 80% of the patients with an ED can well be treated. In EP a primary and secondary acquired form must be distinguished. The primary EP is independent of age and affects about 20% of all men. According to the current state of knowledge, it is based on a transmitter disorder of the serotonin metabolism in the central nervous system. The secondary EP-type depends on age and correlates very often with comorbidities, especially with the ED (Figure 5).



**Figure 5: Prevalence of erectile dysfunction depending on age**

The treatment is based on behavioral and pharmacological measures. Similar to the ED, psychological strain for the patients differs strongly and depends on the individual situation of the affected as well as of their partnership.

#### **4.4 Sexual disorder related to mental diseases**

*Dr. med. Michael Hettich*

Chief Physician of Psychosomatic Medicine at Klinikum Wahrendorff, Sehnde, Management of a consulting practice in Hanover

Because of its high prevalence sexual dysfunction in mental illness has an extreme importance of the medical care for men. At the same time sexual problems are not taken into account in the diagnosis and treatment of mental illness. Mental diseases always affect the whole human being. He is changed in his feeling, thinking and acting, but also in his body reactions. Against this background it is understandable that 50% to 90% of mentally ill people also suffer from sexual problems. Sexual problems occur in mood disorder, anxiety and obsessive-compulsive disorder, as well as in addiction disorders, psychosis and personality disorder. Mental illness is a complex disorder with many psychosocial stress factors, which have a negative impact on interpersonal relationships and leading therefore to difficulties in sexual life. In the treatment of mental disorders sexual disorders have to be actively checked and when needed to be included in the treatment planning. A stronger emphasis on this issue is therefore required in the training of doctors and psychotherapists.

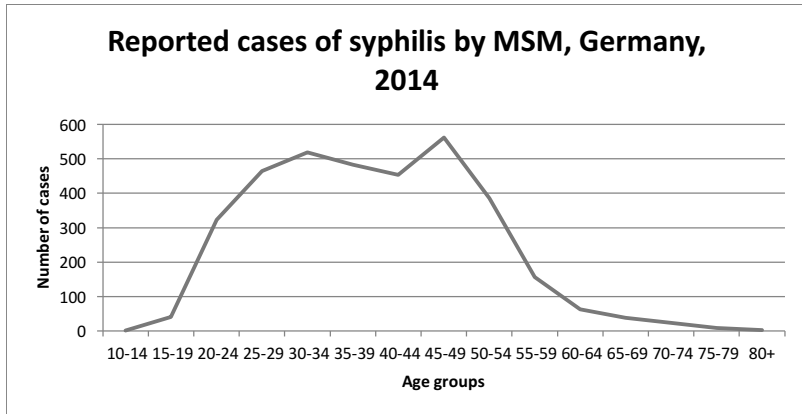
#### **4.5 Sexually transmitted infections and their importance for men's health and sexuality**

*Dr. phil. Matthias Stiehler*

Chairman of the Dresden Institute for Adult Education and Health Sciences and the Head of the Aids and Sexually Transmitted Infections Center at the Dresden Health Office

Sexually transmitted infections (STI) are part of sexuality. Since the years after 2000 an increase in this group of diseases is recorded. Here, a relationship between HIV infection and the infection with the classical bacterial STI is seen. HIV prevention since the early eighties has also led to a decrease in gonorrhea, chlamydia and syphilis. All of these infections in the wake of changed treatment options of HIV are rising again and fall more in the focus of medicine and prevention. The same also applies to sexually transmitted viral infections (Hepatitis, HPV).

In almost all of these STI men are more affected than women. In Germany, as in most Western countries, the transmission from man to man plays the biggest role (Figure 6).



**Figure 6: Reported cases of syphilis, pathway of infection: MSM for age groups, Germany, 2014**

However, heterosexual transmission is more important worldwide. The meaning of sexually transmitted infections for the understanding of male sexuality results from the apparent sexual behavior of men. It is marked on cultural and social influences by significantly greater promiscuity and willingness to take risks. The prevention of sexually transmitted infections, therefore, needs a gender approach, which also includes the lifestyle of men.

## **4.6 Chronic diseases and masculinity – an intersectional perspective**

*cand. PhD Aisha-Nusrat Ahmad, M.A.*

Research Assistant at the International Psychoanalytic University Berlin (IPU)

*Prof. Dr. Phil C. Langer*

Professor of Psychoanalytic Social Psychology and Social Psychiatry at the International Psychoanalytic University Berlin (IPU)

Chronic diseases are one of the most widespread and most serious health problems worldwide.

The European Health Report »The State of Men's Health in Europe« notes that an average of 33% of women and 29% of men are affected by at least one chronic disease in EU countries.

Approximately 60% of the deaths worldwide are due to chronic non-infectious diseases. Whereas the risk to acquire a chronic disease as well as being able to use proper health care that allows a successful coping with chronic disease(s) are unequally distributed. The social inequality refers e.g. to gender, sexual preference, age, social status and ethnicity. With recourse to masculinity theories the article illustrates the consequences of chronic disease on the sexual health of men. Based on selected study findings to especially prostate cancer and HIV, research gaps are pointed out since the data available on masculinity and sexuality in the context of chronic diseases is only presented in a very fragmented way. Additionally, the article points to the need of an intersectional approach for understanding sexuality and masculinity for men that are affected by chronic disease. Especially since little is known so far about the socio-cultural different images of masculinity in the context of chronic disease(s) and the impact of these on the (re)negotiation of masculinity in different life situations.