ONE DAY PRE CONGRESS
UPDATE 2017
IN SEXUAL MEDICINE
FROM KNOWLEDGE TO BEDSIDE PRACTICE

1 February 2017 | Nice Acropolis | Nice, France
www.essm-update2017.org
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CONGRESS VENUE

Nice Acropolis
Convention and Exhibition Centre
1 Esplanade Kennedy
06302 Nice, France
www.sean-acropolis.com
Dear Colleagues,

On behalf of the Executive Committee, and the Educational Committee of the ESSM, for the first time, we are proud to announce the

**ESSM UPDATE 2017 – From Evidence Based to Expert's Tips and Tricks in Sexual Medicine.**

Sexual Medicine is a discipline concerned with the impact From Evidence Based to Expert's Tips and Tricks in Sexual Medicine!

The ESSM UPDATE 2017 is intended to support some gaps in the field of Sexual Medicine Education, namely what is not written in the books. That's why we call it "From Knowledge to Bedside Practice". In fact, it is the ideal moment to ask for pearls and diamonds on Sexual Medicine skills. WHY? Because be sure that this is the right place where you might be able to find what you always wanted to learn, but didn't know where to look for...

Education is one of the main purposes of ESSM. We want to promote research and exchange of knowledge about the clinical entity of sexual dysfunction throughout Europe, to establish and support the highest standards of ethics in clinical practice, education, and research in the field of sexual dysfunction and to provide education to clinicians who had limited or no experience in the field, as well as continuing education to those involved in the management of sexual dysfunctions.

Sexual Medicine as a multidisciplinary activity raises the attention of a huge number of healthcare providers from all kind of specialties. This is a fact that we all must be aware of in order to provide the best service for our associates.

This one day course takes place the day before the Annual Congress in Nice (www.essm-congress.org) and then every other year, switching with the ESSM preparation course that takes place before the MJCSM and ECPS exams (for more information on these certifications on Sexual Medicine go to www.essm.org/education/certifications). And even if you don't feel fully updated and enlightened, you can always join the “Lunch with the Experts” – the right moment to ask: Look, I have this patient at my office door with these complaints. How should I proceed...?

We look forward to welcoming you to Nice!

Pedro Vendeira  François Giuliano
ESSM Educational Chair  ESSM President
Scientific Program

**FROM EVIDENCE BASED TO EXPERT’S TIPS AND TRICKS IN SEXUAL MEDICINE**

08:00 – 10:00
**Male Sexual Health**
Chairmen: François Giuliano, Annamaria Giraldi

08:00 – 08:20
Literature Update on Male Sexual Disorders
(François Giuliano)

08:20 – 08:50
Tailored Management of ED: Combining Evidence Based Medicine and Expert Opinion/Experience (Hartmut Porst)

08:50 – 09:20
Ejaculatory and Orgasmic Disorders in Men – What Counts for the Clinical Practice? (Emmanuele Jannini)

09:20 – 09:40
Libido Disorders (Hypossexual Desire Disorders) in Men – Solutions to be Considered (Yacov Reisman)

09:40 – 10:00
Penile Prosthesis – How I do it? (David Ralph)

10:00 – 10:30  **Coffee Break**

10:30 – 12:00
**Hormones and Sexual Health / Problems – Men and Women**
Chairmen: Francesca Tripodi, Emmanuele Jannini

10:30 – 10:45
Literature Update on Hormones and Male (Sexual) Health (Hartmut Porst)

10:45 – 11:00
Literature Update on Hormones and Female (Sexual) Health (Giovanni Corona)

11:00 – 12:00
How to Deal with Hormones in the Practical Setting to Improve Couples’ Sexuality: Round Table with Case Presentations (Hartmut Porst, Emmanuele Jannini, Evie Kirana)

12:00 – 13:00
**Peyronie’s Disease**
Chairmen: David Ralph, Pedro Vendeira

12:00 – 12:15
Literature Update on Peyronie’s disease (Carlo Bettocchi)

12:15 – 13:00
How to manage Peyronie’s disease in the Practical Setting Medical Approach – Until When? (David Ralph)
Surgical Approach – When? (Carlo Bettocchi)

13:00 – 14:00  **Expert Lunch (Faculty on Table)**

14:00 – 15:40
**Female Sexual Health**
Chairmen: Evie Kirana, Yacov Reisman

14:00 – 14:20
Literature Update on Female Sexual Disorders (FSD) (Annamaria Giraldi)

14:20 – 14:40
Pregnancy and its Impact on the Couples’ Sexuality (Johannes Bitzer)

14:40 – 15:40
Managing Different FSD in the Practical Setting – Round Table with Case Presentations (Francesca Tripodi, Annamaria Giraldi, Johannes Bitzer)

15:40 – 16:00  **Coffee Break**

16:00 – 17:30
**Infertility and Couples’ Sexuality**
Chairmen: Francesca Tripodi, Giovanni Corona

16:00 – 16:15
Literature Update on Infertility in Women (Johannes Bitzer)

16:15 – 16:30
Literature Update on Infertility in Men (Ates Kadioglu)

16:30 – 17:30
Managing the Infertile Couple and Arising Sexual Issues – Round Table with Case Presentations (Ates Kadioglu, Evie Kirana, Giovanni Corona)
Based on the individual findings the first step includes general counselling related to change of lifestyle factors (regular physical activities, reduction of stressing factors), change of nutritional conditions where necessary and erection impeding medications where possible. In patients with pathologic hormonal findings specific hormonal measures such as T-substitution or prolactin inhibitors are initiated followed by PDE5i monotherapy if hormonal therapy alone is not able to solve the patient’s sexual problems after 2 months. In patients with complicated mixed vascular ED combination therapy with daily Tadalafil 5 mg + local (topical transurethral or even intracavernosal) PGE1 may be able to produce erections sufficient for vaginal/anal penetration. Although without support from evidence based medicine literature according to the personal experiences in thousands of patients the combination therapy with Tadalafil 5 mg daily + short acting PDE5i (Avanafil, Sildenafil, Vardenafil) p.r.n can be very successful in all those patients in whom neither daily dosing nor p.r.n. PDE 5i result in satisfying erections. Finally without any doubt low intensity extracorporeal shock wave therapy (LI-ESWT) represents a new promising option for all patients with vascular (arterial/veno-occlusive) ED either as monotherapy or as combination therapy in patients non-responding to PDE5i monotherapy finally converting them to responders. Last but not least for the very difficult to treat ED patients both vacuum-therapy and penile implants always remain a viable option.

Ejaculatory and Orgasmic Disorders in Men – What Counts for the Clinical Practice?
Emmanuele Jannini, Italy

Premature ejaculation (PE), delayed ejaculation (DE), anejaculation (AE) and retrograde ejaculation (RE) are four main ejaculatory disorders (EjDs) observed in clinical practice. To much less clinically defined condition of male anorgasmia should be also added to that taxonomy. Despite their high prevalence, EjDs remain quite frequently underdiagnosed and undertreated. Both the expert in sexual medicine and the primary care physicians should incorporate in the discussion of sexual health topics the specific questions related to the EjD diagnosis, risk factor evaluation and treatment options. Because the causes/risk factors of EjDs are multi-factorial in nature, the management of EjDs is not frequently etiology specific and more frequently symptomatic, requiring a holistic approach. Dapoxetine, a selective sero-
Descriptions

Tonin reuptake inhibitor, is the only drug approved for on-demand treatment of lifelong and acquired PE. In clinical practice, scheduled follow-up visits, risk factor treatment, appropriate dose escalation, adequate sexual attempts, patient education, and partner involvement are critical factors responsible for optimal overall management of PE and dapoxetine treatment outcomes. On the contrary, no drugs have been so far approved, neither for the use in patients with other EjDs nor for orgasmic disorders.

Learning Objectives
- When should a penile prosthesis be inserted?
- What are the different types of implants?
- Consent
- The operative techniques
- Results, complications
- Difficult situations – Peyronie's disease, Priapism, Phalloplasty

Hormones and Sexual Health / Problems – Men and Women
10:30 – 12:00
Chairmen: Francesca Tripodi, Emmanuele Jannini

Libido Disorders (Hyposexual Desire Disorders) in Men – Solutions to be considered
Yacov Reisman, The Netherlands

Although there are large number of studies on Hypoactive Sexual Desire Disorder (HSDD) in women, research on HSDD in men is scarce. Probably due to lack of consensus on definition and treatment. Furthermore, many men are treated for different sexual diagnoses while they are suffering from HSDD. The lack of education on sexual issues, the myth that men are always motivated for sexual activities and lack of effective clinical tools to assess HSDD contribute to these misdiagnoses. Sexual desire is the result of a positive interplay among internal cognitive processes (thoughts, fantasy and imagination), neurophysiological mechanisms (central arousability) and affective components (mood and emotional states), and the biological basis of which is almost unknown in humans. Treatment of HSDD should be as much as possible etiologically oriented and aims to encourage the recreational and hedonistic aspect of sexuality and on improving communication between partners. The presentation aim to; (1) increase the knowledge about epidemiological data (in general and in different life span), (2) give overview of the most important physiological and psychological aspects related to sexual desire in men, (3) the possible indications/symptoms of a need for medical and psychological assessment and (4) a basic knowledge of medical and psychosexual therapies that can be used.

Penile Prosthesis – How I do it?
David Ralph, United Kingdom

Aim: The aim of this talk is to understand the indications, choices, outcomes and management of penile prosthesis insertion. The following will be discussed:

- Consent
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Penile Prosthesis – How I do it?
David Ralph, United Kingdom

Aim: The aim of this talk is to understand the indications, choices, outcomes and management of penile prosthesis insertion. The following will be discussed:
number of clinical studies documented that estrogen therapy (ET), whether oral, transdermal, or vaginal is able to improve the latter symptoms. Despite this evidence, however, the effects of ET on other aspects of sexual function are rather modest. Similarly, the effects of phytoestrogens and plant-derived xenoestrogens either on sexual or on non-sexual menopausal symptoms are conflicting. Androgens are important modulators of female sexual function. Low levels of total and free testosterone (T) are associated with lower self-reported sexual desire. There is consistent evidence that high physiologic doses of transdermal T are effective for the treatment of hypoactive sexual desire disorder in postmenopausal women or in women in their late reproductive years. Other important hormones involved in the regulation of female sexual function are represented by prolactin and thyroid hormones. Hyperprolactinemia can be the result of hypothalamus-pituitary infective, infiltrative or tumoral disorders as well as secondary to the assumption of several drugs with antidopaminergic or serotonergic proprieties. Hyperprolactinemia in women resulted in menstrual alterations, infertility, galactorrhea and sexual dysfunction totally restored by the improvement of prolactin circulating levels. Finally, recent data have documented that both clinical and subclinical hyperthyroidism and hypothyroidism are associated with women sexual function impairment.

**How to Deal with Hormones in the Practical Setting to Improve Couples’ Sexuality: Round Table with Case Presentations**

Hartmut Porst, Germany

In this round table we present the case of a 69 year old diabetic man who is suffering since 8 years from complete erectile dysfunction (ED), loss of libido and always absent ejaculation despite maximum stimulation is provided by his 15 years younger partner. Meanwhile, he has consulted 5 different Urologists and nobody was finally able to help him that he can perform sexual intercourse and satisfy his younger attractive partner. Because total T was found very low with 1.7 ng/ml T-substitution therapy was initiated by his 2nd Urologist but even combined with Tadalafil 5mg/daily his situation improved only marginally with continuing ED, only reaching some tumescence after stimulation, and never reaching orgasm. After two other Urologists had tried to improve the patient’s sexual performance without success by adding local (topical and transurethral) PGE1 to the exis-

**Literature Update on Hormones and Female (Sexual) Health**

Giovanni Corona, Italy

Several hormones play a crucial role in regulating female sexual function. Estrogens are essential for regulating vaginal tropism and lubrication. Epidemiological data have shown that vaginal dryness and pain are the most important sexual complaints of postmenopausal women. In addition, a huge number of clinical studies documented that estrogen therapy (ET), whether oral, transdermal, or vaginal is able to improve the latter symptoms. Despite this evidence, however, the effects of ET on other aspects of sexual function are rather modest. Similarly, the effects of phytoestrogens and plant-derived xenoestrogens either on sexual or on non-sexual menopausal symptoms are conflicting. Androgens are important modulators of female sexual function. Low levels of total and free testosterone (T) are associated with lower self-reported sexual desire. There is consistent evidence that high physiologic doses of transdermal T are effective for the treatment of hypoactive sexual desire disorder in postmenopausal women or in women in their late reproductive years. Other important hormones involved in the regulation of female sexual function are represented by prolactin and thyroid hormones. Hyperprolactinemia can be the result of hypothalamus-pituitary infective, infiltrative or tumoral disorders as well as secondary to the assumption of several drugs with antidopaminergic or serotonergic proprieties. Hyperprolactinemia in women resulted in menstrual alterations, infertility, galactorrhea and sexual dysfunction totally restored by the improvement of prolactin circulating levels. Finally, recent data have documented that both clinical and subclinical hyperthyroidism and hypothyroidism are associated with women sexual function impairment.
Describing the therapeutic regimen the patient’s partner urged him to present at our institute. When presenting the first time at our institute the patient’s findings were as follows: BMI 26.5, testicle volume 5 ccm both sides, HbA1C 5.4 %, total T 0.94 ng/ml, prolactin 1524 ng/ml (normal < 15 ng/ml), intracavernosal injection test with 20 µg: only tumescence without rigidity, color doppler after PGE 1 injection: PSV penile arteries (normal > 30cm/sec.): left side: 26.8 cm/sec., right side: 47.6 cm/sec. MRT hypophysis: 2,9x2,9x2,6 cm macroprolactinoma reaching the chiasma opticum and encomp-passing both internal carotic arteries.

Finally the correct diagnoses of the patient's sexual problems were:

- Macroprolactinoma
- Mixed primary (atrophic testicles with FSH elevation) and secondary (macroprolactinoma) Hypogonadism
- Mixed vascular (arterial + veno-occlusive)-endocrinologic ED

3 months after initiation of medical combination therapy with cabergolin 2x2 mg/week, changing of T-substitution from injections to T-gel 125mg/day and continuing daily Tadalafil 5 mg vaginal penetration was possible the first time with his new partner and prolactin decreased from 1.524 ng/ml to 0.5 ng/ml. Conclusion: The trias of sexual complaints (ED, loss of libido and absent ejaculation/orgasm) is typical for prolactinomas and should always prompt physicians not only to measure total T but always also prolactin.

Emmanuele Jannini, Italy

At midlife and beyond, both men and women face physical changes that can affect their sexual, hormone-dependent functioning. For women, estrogen deficiency postmenopause can cause genitourinary syndrome of menopause, which includes vaginal symptoms such as dryness, irritation/itching, inadequate lubrication, dyspareunia, and decreased desire hypoactive sexual desire disorder (HSSD) and arousal. For men, the prevalence of erectile dysfunction increases with age, and some men develop testosterone deficiency. The round table will summarize the literature, with case vignettes, on how sexual-dependent sexual dysfunctions in one member of couple affect the sexual health of both members. Furthermore, both members of a couple may be experiencing age-related changes concurrently and even interdependently. The clinical practice underline the need for a new diagnostic and therapeutic paradigm that addresses the hormone-dep-
and good functional outcomes, like small intestinal submucosa and bovine pericardium, while the autologous vein remains the safest and the most effective tissue. Innovative surgical techniques have also been proposed for penile prosthesis implant and restoration for end-stage PD associated with erectile dysfunction (ED) and severe shortening of the shaft. The presentation aim to increase the knowledge about epidemiology, aetiology and pathophysiology of PD and introduce the newest “non-operative” and “operative” treatments proposed for PD.

How to manage Peyronie’s disease in the Practical Setting Medical Approach – until when?
David Ralph, United Kingdom

Aim: This talk discusses the non-surgical treatment of Peyronie’s disease. The following will be discussed:

Learning Objectives
- Pathology and disease progression
- Assessment in office
- Investigations
- Oral, intralesional, external traction and new treatments
- Video demonstration of the use of Xiapex
- Case discussions

Surgical Approach – When?
Carlo Bettocchi, Italy

Peyronie’s disease – “Non-operative” Treatment
Conservative treatment of Peyronie’s disease (PD) is primarily focused on patients in the early stage of the disease. During the past years a lot of “non-operative” treatments have been proposed for PD (including oral pharmacotherapy, intralesional injection therapy and other topical treatments) but the available data are contradictory and do not provide recommendations in terms of drug treatment due to the lack of consistent and controlled studies. Intralesional injection therapy with collagenase clostridium histolyticum (that managed to successfully, dissolve plaque tissue, without affecting elastic tissue, vascular smooth muscle or the myelin) is nowadays the only treatment approved by FDA for PD. Hyaluronic acid, that can improve PD, in terms of plaque size, penile curvature, IIEF-5 score and VAS score, is an alternative option for PD. Extracorporal shockwave therapy, that causes a direct damage to penile plaque and induces an inflammatory cascade with macrophage removal of plaque components is clearly stated that do not improve penile curvature and plaque size, and so it may be offered only for penile pain. Nowadays the efficacy of conservative treatment in distinct patient populations in terms of early (inflammatory) or late (fibrotic) phases of the disease is not yet available, and despite “non-operative” treatment for PD should resolve painful erections in most men, only a small percentage will experience any significant straightening of the penis.

FEMALE SEXUAL HEALTH
14:00 – 15:40
Chairmen: Evie Kirana, Yacov Reisman

Literature Update on Female Sexual Disorders (FSD)
Annamaria Giraldi, Denmark

There is an increased knowledge and research about the bio-psycho-social factors affecting women’s sexual function and causing female sexual dysfunctions (FSD). The most important publications on women’s sexual function and dysfunctions will be presented including basic research projects, projects with focus on psycho-social factors, as well as studies investigating the effect of hormones and other biological factors on women’s sexuality will be presented. Data for pharmacological treatment of FSD will be presented.

Pregnancy and its Impact on the Couples’ Sexuality
Johannes Bitzer, Switzerland

Pregnancy is an important life event involving the body, the mind and the intimate relationship of the pregnant woman. The biological and psychological changes can have a positive or negative impact on the sexual life of the pregnant woman. Epidemiological studies show typical changes in sexual activity, sexual function and sexual satisfaction across the duration of pregnancy caused by fear of hurting the baby, the fear of causing premature contractions, difficulties with body image, fatigue leading to sexual distress and eventually problems with the partner. It is important for Health Care Professionals to address sexual health, inform and educate patients about the changes in advance and encourage the couples to find “new” ways of living their sexuality during pregnancy.
Descriptions

Managing Different FSD in the Practical Setting – Round Table with Case Presentations
Francesca Tripodi, Italy

Sexual pain disorders are major health concerns in women of all ages, and cause significant distress in the individual and her partner. Despite increasingly studied, these conditions are still poorly understood, with only 60% of afflicted women seeking treatment and many of those never receiving a formal diagnosis. The new DSM-5’s entity, termed genitor-pelvic pain/penetration disorder, merges very different clinical conditions, as dyspareunia and vaginismus, meaning same diagnosis for women that may need different treatments. To make things more complex, an overlapping condition, not based on DSM classification, is vulvodynia, or chronic unexplained vulvar pain, which is also associated with pelvic floor muscle dysfunction and superficial dyspareunia. The causes of vulvodynia have not yet been elucidated, and the treatment still misses the development of targeted interventions. That’s why to face these problems is a challenge, even for experienced specialists. Through discussion of a clinical case, the presentation aims to: 1) increase the knowledge about female sexual pain disorders; 2) clarify key points about diagnosis and assessment; 3) give an overview on the interaction of different factors (biomedical, cognitive, behavioural, affective, and interpersonal) that may modulate the pain experience; 4) highlight the potential value of team management for these patients; and 5) provide strengths and weaknesses in tailoring the treatment plan.

Annamaria Giraldi, Denmark
Female Sexual Dysfunction (FSD) may have a substantial impact on the woman quality of life as well as her partner and their relationship. FSD is often a result of an interaction between bio-psycho-social factors as hormonal status, concomitant health problems, relationship factors, partner’s sexual problems and psychological wellbeing. The round table session will present cases and discuss how to manage FSD in the clinical setting with a focus on the PLISSIT model and integrating the bio-psycho-social model in the assessment and treatment.

Johannes Bitzer, Switzerland
We will discuss the following cases:
- The 20 year old nulliparous woman with pain during intercourse. What is the differential diagnosis, what are the diagnostic procedures and the therapeutic approaches?
- The 48 year old woman complaining about a drastic loss of interest in sexual activity. What is the differential diagnosis, what are the diagnostic procedures and the therapeutic approaches?
- The 39 year old patient with breast cancer treated with operation, chemotherapy and antihormone therapy. How can we help?

INFERTILITY AND COUPLES’ SEXUALITY
16:00 – 17:30
Chairmen: Francesca Tripodi, Giovanni Corona, Italy

Literature Update on Infertility in Women
Johannes Bitzer, Switzerland

The experience of being infertile is a life crisis which has consequences for the sexual health and sexual function of the woman. Sexual activity does not lead to the desired pregnancy and therefore can turn into a repetitive experience of failure and frustration leading to symptoms like pain during intercourse, orgasmic difficulties and loss of desire or even aversion. These reactions can be even stronger during the treatment which frequently includes the task of having intercourse at specific times, controls about ovarian response, controls of hormonal response. It is therefore important to accompany women and couples and help them to reduce the distress by supportive and cognitive behavioural counselling.
Literature Update on Infertility in Men
Ates Kadioglu, Turkey
This presentation aims to update the urologists’ literature knowledge about the infertility in men.

Learning objectives
▶ Varicocele repair in azoospermic and oligospermic men
▶ Diagnosis and management of ejaculatory duct obstruction
▶ Gonadotropin therapy for male hypogonadotropic hypogonadism
▶ Current techniques for the epididymovasostomy

Managing the Infertile Couple and Arising Sexual Issues – Round Table with Case Presentations
Ates Kadioglu, Turkey
Sexual life of infertile couples is greatly disturbed by both infertility and its treatment. The sexual dysfunction problem is increased by the relationship problems of couples, the loss of sexual spontaneity, direct linkage of sex into pregnancy without entertainment and negative influence of hormonal treatment. This presentation aims to improve the urologists’ awareness about this effect of infertility and to prepare our colleagues for the diagnosis and prevention of this disease.

Learning objectives
▶ The awareness of the bidirectional link of sexual dysfunction and infertility
▶ Investigating both male and female aspects of this phenomena
▶ Diagnosis and management of sexual dysfunction in infertile men
▶ Diagnosis and management of sexual dysfunction in infertile women
▶ Investigate the negative impact of pregnancy on sexual life
▶ Update the literature knowledge of the attendees about the subject
▶ Application of the obtained skill set to their clinical practice

Descriptions

Evie Kirana, Greece
Data on the effects of infertility on the woman’s and the man’s sexual function have been documented in the literature. The negative consequences on sexual function further maintain infertility and may even be obstacles for assisted reproduction procedures. A case of a couple dealing with sexual dysfunction specifically related to intercourse attempts aiming at conception will be presented. The sexual and psychological effects on the man, the woman and the relationship will be illustrated, in order to identify the optimal clinical pathways to deal with the dilemmas that follow such cases.

Giovanni Corona, Italy
Male infertility is an increasing medical issue affecting about 7% of all men. Sexual dysfunctions are quite often observed in couples seeking medical case for infertility. Infertile patients with sexual dysfunction have a higher prevalence of mood disturbances, such as anxiety and depressive symptoms, when compared to infertile subjects without sexual problems or fertile patients. In addition, recent evidence emphasized a possible relationship between the degree of sexual dysfunction and the degree of fertility impairment. The round table will summarize the literature, with case vignettes, on how infertility can influence sexual function in both members of the couples. In addition, it will be emphasized that recent evidence documented that infertility per se and especially infertility-related ED should be considered as a possible sign of general health impairment in men. Strategies for the associated morbidities improvement such as obesity, hypertension dyslipidemia as well as for modification of wrong behaviours such as smoking and alcohol consumption will be outlined.
General Information

CME ACCREDITATION
The one day pre congress Update in Sexual Medicine 2017 of the European Society for Sexual Medicine (ESSM) in Nice, France, 1 February 2017 was granted 6 European CME credits (ECMEC) by the European Accreditation Council for Continuing Medical Education (EACCME).

Accreditation by the EACCME confers the right to place the following statement in all communication materials including the registration website, the event programme and the certificate of attendance. The following statements must be used without revision: The one day pre congress Update in Sexual Medicine 2017 of the European Society for Sexual Medicine (ESSM) is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.

The one day pre congress Update in Sexual Medicine 2017 of the European Society for Sexual Medicine (ESSM) is designated for a maximum of (or for up to) 6 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at www.ama-assn.org/go/internationalcme. Live educational activities, occurring outside of Canada, recognized by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.

REGISTRATION FEES

<table>
<thead>
<tr>
<th>Package ESSM UPDATE + ESSM Congress</th>
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</thead>
<tbody>
<tr>
<td>ESSM member</td>
</tr>
<tr>
<td>Non-member</td>
</tr>
<tr>
<td>ESSM members reduced fees for*</td>
</tr>
<tr>
<td>Non-members reduced fees for*</td>
</tr>
<tr>
<td>Medical/psychology students only**</td>
</tr>
</tbody>
</table>

* Nurses, residents in training, scientists (PhD), psychologists, therapists, students.
** A letter of Chairman of the department is necessary.

REGISTRATION FEES
Registration fee for participants includes:
- Admission to all scientific sessions and workshops
- Conference materials, such as final program
- Morning and afternoon coffee breaks as well as lunch on Wednesday

COURSE REGISTRATION COUNTER
All congress materials and documentation will be available at the congress registration counter located in the entrance area of the Nice Acropolis. The congress staff will be pleased to help you with all enquiries regarding registration, congress material and congress program. Please do not hesitate to contact the staff members if there is anything they can do to make your stay more enjoyable.

Opening Hour
Tuesday, 31 January 2017 17:00 – 19:00
Wednesday, 1 February 2017 07:00 – 18:00

During opening hours the congress counter can be reached by phone at: +33 (0) 49 39 28 101.
CONGRESS LANGUAGE
The congress language is English. Simultaneous translation will not be provided.

PROGRAM CHANGES
ESSM cannot assume liability for any changes in the congress program due to external or unforeseen circumstances.

WIRELESS LAN
As a courtesy to all participants wireless LAN in the catering area allows easy access to the internet. Please select Wi-Fi network (SSID): ESSM2017, Password: essm2017.

NAME BADGES
All participants are kindly requested to wear their name badges at all times during the congress. The colours of the name badges have the following significance:
- Update one day course
- Update & Congress delegate
- Staff

CLOAKROOM
A cloakroom free of charge is available at level 0 at the Nice Acropolis Convention and Exhibition Centre. Delegates can also store their luggage here.

EMERGENCY AND FIRST AID
In the case of emergency please address the staff at the registration counter in the entrance area of the Nice Acropolis Convention and Exhibition Centre. The attentive staff will be pleased to help.

RECORDING
Cameras, video cameras or audio recording devices are not permitted in the session room. Any recording of sessions is strictly forbidden.

SMOKING
The Nice Acropolis Convention and Exhibition Centre is a non-smoking venue. Smoking is prohibited within the congress venue.

VISA
The entry formalities for France vary according to the country of origin. Please address enquiries about entry and vaccination to your travel agent or the local French consulate. Further information can also be found at uk.france.fr.

INSURANCE
The congress fee does not include insurance. All participants should arrange for their own insurance. Health and accident insurance is recommended and has to be purchased in your country of origin.

FORCE MAJEURE
For reasons beyond its control (such as war, strikes, lockouts, riots or any such civil disturbances, any acts of god, including but not limited to earthquakes, floods, droughts and typhoons and any other cause of circumstance of whatsoever nature beyond control) that have an impact on the arrangements, timetables or planning of the ESSM update 2017 and its corresponding activities in Nice, France, ESSM has the right to immediately alter or cancel the activities or events or any of the arrangements, timetables, plans or other items relating directly or indirectly thereto no party involved shall be entitled to any compensation for damages that result from such alteration or cancellation.

TIME
During wintertime from November to March the time zone in France is CET (Central European time or UTC+01:00).

CURRENCY
Euro (EUR) is the official currency of France. Major credit cards are generally accepted by most of the hotels, restaurants and shops.

CLIMATE
The average temperature is approx. 10°C with a very pleasant high of 14°C, and an evening low of around 5°C. In January/February, rain is quite prevalent compared to other months in Nice. Generally, the rain probability is quite low.
General Information

BANK AND ATM
Most banks in France have automated teller machines (ATMs) that give cash advances on foreign cards, such as VISA, Cirrus, Citibank, and American Express.

ELECTRICITY
The local voltage is 220 V with C plugs. A voltage converter and plug adapter is needed for US and UK appliances.

SAFETY
Please make sure to take off your name badge and congress bags when you go sightseeing in downtown Nice. Wearing the name and bag identifies you as a tourist which might attract pickpockets.

NICE ACROPOLIS CONVENTION AND EXHIBITION CENTRE
The one day pre congress Update in Sexual Medicine 2017 will take place in the Nice Acropolis Convention and Exhibition Centre, which is located in the heart of Nice, only a few steps away from the Bay of Angels. In 2011/2012, the Convention Centre was renovated and features its versatile functionality and perfect connection to the public transport system of Nice.

NICE
Nice is the capital of the French Riviera and with 350,000 inhabitants France’s fifth largest city. Located between the Mediterranean and the Alps the city ranks as France’s second most popular tourist destination after Paris. Blessed with a rich history, a varied architectural heritage, museums, creative and authentic food as well as a luxuriant nature Nice attracts more than 5 million visitors per year. Its landscape is characterized by 10 km of coastline including 7.5 km of beaches, paired with 300 days of sunshine per year. The city has managed to keep an imprint of each period of the past, and shows a great variety of architectural styles, from baroque art to the Belle Epoque. Nice offers the highest concentration of museums after Paris, with 19 museums and many art galleries.

Nice is also famous for its delicious cooking, a traditional Mediterranean cuisine, rich in vegetables, flavour and aromas. Find more information about Nice’s cuisine and its recommended restaurants here.

HOW TO GET TO THE NICE ACROPOLIS CONVENTION AND EXHIBITION CENTRE
From the Airport
The Nice Côte d’Azur airport (the 1st in France after Paris) is less than 15 minutes away from the city centre and offers direct flights to 100 destinations in over 30 countries. The Acropolis Convention centre is located 7 km away from the airport; with which it is connected by bus and tram (Bus n° 98 to the station “cathédrale vieille-ville”; then take the tramway towards “Pont Michel”; Stop at “Acropolis”).

By Tram
The line 1 connects the north and east of Nice and is a comfortable and effective transportation vehicle. Over a distance of 8.7 km and 21 stops, the tramway drives through the city centre, Avenue Jean Médecin and Place Masséna. The stop Acropolis immediately leads you to the Convention Centre.

By Bus
Bus service is also an excellent way to get around Nice. Nice offers more than 130 bus connections per day driving to 49 communities around Nice.

By Taxi
Nice disposes of a network of 350 taxis.

<table>
<thead>
<tr>
<th>Nice Airport – city centre</th>
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<tbody>
<tr>
<td>Daytime rates (7:00 – 18:00):</td>
<td>from EUR 23 – 31</td>
</tr>
<tr>
<td>Night rates (18:00 – 7:00):</td>
<td>from EUR 28 – 33</td>
</tr>
<tr>
<td>(not including luggage supplements)</td>
<td></td>
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</tbody>
</table>

These rates are approximate and can vary according to traffic conditions. The price to be paid is indicated on the taximeter. Taxis expect cash and do not offer payment by credit cards.

By car
From the A8 motorway “Provencal”: Exit n° 50 towards “Nice Centre” and the “Promenade des Anglais”; then follow the sign “Acropolis”. Public parking slots are available in the surrounding of the convention centre (between 5 – 10 minutes walking distance).
The European Society for Sexual Medicine (ESSM) is a not-for-profit, multidisciplinary, academic and scientific organisation dedicated to male and female sexual health and dysfunction.

Benefits from Becoming an ESSM Member

- ESSM offers its members a permanently updated web-site with different forums and a monthly update of the whole scientific literature of Sexual Medicine, Andrology and related medical disciplines.

- ESSM provides its members quarterly newsletter, ESSM Today which features the most recent news in the field of Sexual Medicine and focuses on key topics of interest to physicians in the field.

- ESSM has supported the creation of the Multidisciplinary Joint Committee on Sexual Medicine (MUCSM) that is working under the auspices of the European Union of Medical Specialists (UEMS). MUCSM’s objectives are to study, promote and harmonize the highest level of Sexual Medicine in Europe – both on the basic and postgraduate level. The MUCSM will determine the standards for training and assessment in Sexual Medicine. Successful candidates will be awarded on behalf of the MUCSM the title of “Fellow of European Committee on Sexual Medicine (FECSM).”

- Since 2007 ESSM has offered interested ESSM members the participation in a course of the European School of Sexual Medicine. Since 2013 the course is held in Budapest with the participation of more than 40 students from all over the world, supervised by the School Directors Yacov Reisman and Francesca Tripodi.

- Besides this structured course ESSM offers at its annual congresses both instructional courses related to topics of interest in Sexual Medicine and Master Courses covering the key contents of the ESSM educational program.

- ESSM provides to its members important research grants which all members are welcome to apply for according to eligibility criteria. These are intended to further research into any aspect of Sexual Medicine and are awarded with a maximum of EUR 30,000.00 each for a maximum of 18 months project duration.

- ESSM recognizes that basic scientists who are not actively engaged in clinical work in sexual medicine field may have had difficulty finding funds to attend the ESSM Annual Congresses.

- Fellowship support options are available either on individual application, supported by the National Affiliated Societies or by applying to different initiatives supported by the ESSM and open for members to apply upon invitation.

Take Your Chance – Become a Member of ESSM, Now!

Seize the day, or in Latin Carpe diem and become a member of ESSM now, to take all the advantages and benefits of ESSM membership.

There are two levels of ESSM membership available:

**ESSM/ISSM Membership**

A combined ESSM/ISSM membership (annual fee 160 EUR) for both Sexual Medicine Societies (ESSM/ISSM) including all ESSM and ISSM membership related services, including a subscription to the online version of the Journal of Sexual Medicine which is the monthly journal of the ISSM (International) and ESSM (European), and is the leading Journal in the field of Sexual Medicine. In addition there are reduced registration fees for all ISSM/ESSM related congresses.

**ESSM only Membership**

ESSM only membership (annual fee 50 EUR – reduced to 25 EUR for residents in training) which includes the ESSM official Scientific and Social periodical, the „ESSM Today“, full access to the new comprehensive ESSM website: www.essm.org (including regularly updated scientific material, monthly updated literature reviews, the most recent guidelines, lecture recordings and presentations from past ESSM congresses), the opportunity to participate in the ESSM educational programs, and to apply for scientific and support grants and a reduced fee for the ESSM annual congress.

Formal ESSM membership applications can either be submitted directly to the ESSM or through one of the national ESSM affiliated societies. The ESSM Executive Committee is responsible for the approval of the membership application.

**ESSM Annual Membership Fees** (January to December)

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Fee (EUR)</th>
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<tbody>
<tr>
<td>Combined ESSM/ISSM Fee incl. online version of the JSM Journal</td>
<td>160</td>
</tr>
<tr>
<td>ESSM only Fee</td>
<td>50*</td>
</tr>
</tbody>
</table>

* A reduced fee EUR 25 is available for residents in training against proof of evidence.

European Society for Sexual Medicine

ESSM SECRETARIAT

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